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ABSTRACT

This curriculum guide encourages students to learn behaviors that will reduce the potential for HIV infection when confronted with choices at a later age. The curriculum is designed for integration within a comprehensive program of school health education (lessons on communicable disease, including Human Immunodeficiency Virus (HIV), can be incorporated at the elementary school level with units on germs, diseases, body systems, healthy life style, good citizenship, and personal responsibility) and offers opportunities for students to practice sequential, age-appropriate decision-making skills. In addition to classroom lessons and the concomitant teacher resources and worksheets, the guide offers information for all school personnmel as well as for classroom teachers; provides a historical perspective and other facts on HIV/AIDS; presents the rationale for HIV prevention education; discusses classroom strategies; and provides guidelines for ensuring appropriateness and efficacy for diverse student populations. Appendices include a glossary of terms, targeted at teachers, reprints of reports and other information on HIV/AIDS and other communicable diseases, Texas Department of Health information, legal guidelines dealing with HIV in the schools, an extensive bibliography of resources for teachers, and an audiovisuals list. (LL)

ED 361 319

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Education for Self-Responsibility III:

Prevention of HIV/AIDS and Other Communicable Diseases

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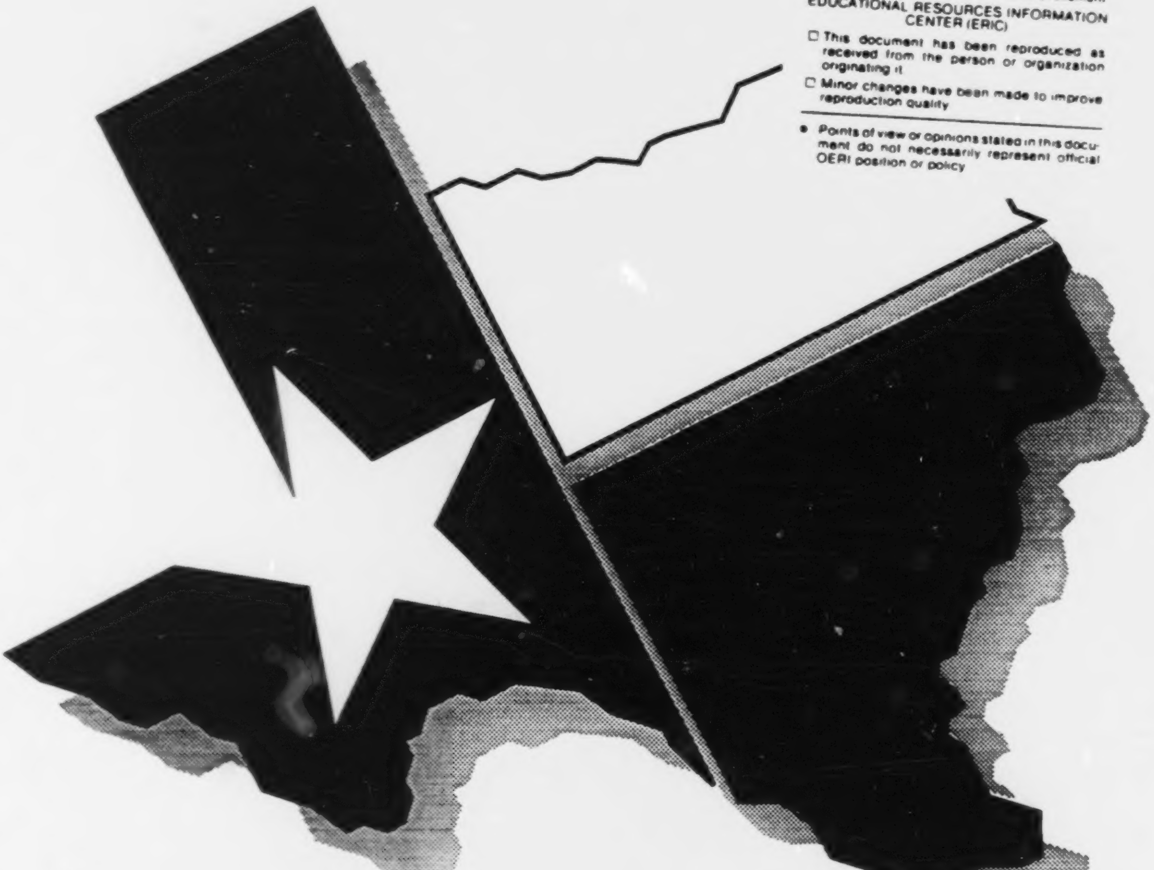

Curriculum Guide

Grades 4-6

Texas Education Agency/Austin, Texas

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Education for Self–Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases

Grades 4-6

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The HIV Education Program

EDUCATION FOR SELF-RESPONSIBILITY

In the United States, the first cases of acquired immunodeficiency syndrome (AIDS) were reported in 1981. Since that time, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related conditions has precipitated an epidemic unprecedented in modern history. At the present time, no vaccines or cures have been developed for HIV/AIDS.

HIV is transmitted almost exclusively by behaviors that individuals can modify. (**See Figure 1.**) Therefore, educational programs that influence relevant behaviors are critical to prevent the spread of HIV. *Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III)* is designed to encourage Texas students to make behavioral choices that will prevent infection with HIV and other communicable diseases and will enhance total wellness. In *ESR III*, students practice sequential, age-appropriate decision-making skills throughout the entire curriculum, prekindergarten-Grade 12. The foundational skills learned early in the curriculum will be valuable when students are confronted by behavioral choices at a later age.

The *ESR* Series of Publications

ESR III is one in a series of publications developed by the Texas Education Agency in response to the State Board of Education plan to reduce the number of students leaving school before graduation. The first *ESR* document was a framework addressing the prevention of school-age pregnancy in 1987. Also available to schools are *Education for Self-Responsibility II: Prevention of Drug Use (ESR II)* and *Education for Self Responsibility IV: Nutrition Education (ESR IV)*.

The classroom materials in the *ESR* series are supplemental. They correlate with the Texas essential elements of instruction and cover most subject areas prekindergarten—Grade 12. School district personnel may want to instruct staff to plan how these materials can be used to the optimum benefit of students. For example, because HIV infection is a disease with many social and political ramifications, it is therefore an appropriate topic for a variety of subjects and courses. Incorporating HIV materials into the context of other issues may also diffuse some of the fear surrounding the HIV epidemic.

1991
OUT OF
100
TEXAS HIGH SCHOOL STUDENTS:

•	72	had sexual intercourse
•	20	had multiple sexual partners
•	81	used alcohol
•	40	used illicit drugs
•	16	contracted a STD
•	25	suffered in poverty
•	22	dropped out of school
•	8	became pregnant

These behaviors put students at risk for HIV/AIDS

- __?__ were infected by HIV

Figure 1

ESR III

Education for Self-Responsibility III is a four-volume curriculum guide dedicated to increasing the number of schools that offer effective HIV education, which is designed to reduce the potential for HIV infection. The effectiveness of HIV education in schools will be enhanced to the extent to which it is integrated within a comprehensive program of school health education. That integration will help establish a foundation for understanding relationships between personal behaviors and health—that is, within an organized, sequential program of comprehensive school health education from prekindergarten through twelfth grade. This will, in turn, help students at each grade level obtain the knowledge, skills, and support they may need to avoid preventable health problems and to promote healthy life-styles.

In elementary school, lessons on communicable disease including HIV can be incorporated during units on germs, diseases, body systems, healthy life style, good citizenship, and personal responsibilities. In middle school, language arts, mathematics, vocational education, social studies, life science, and health have units that interface with HIV education. High school studies in health, English, vocational educational, fine arts, science, language arts, and various social studies can be expanded or reinforced with HIV concepts. Skills in mathematics, English language arts, and fine arts in all grade levels can be strengthened through the information offered in *ESR III*.

ESR III is packaged in loose-leaf sets for PK-3; Grades 4-6; middle school or junior high Grades 6, 7, and 8; and high school grades. Local school staffs can easily access those lessons relevant to their particular subject areas and/or grade levels.

ESR III, in addition to classroom lessons and the concomitant teacher resources and worksheets, offers valuable information for all school personnel as well as for classroom teachers. The following sections provide a historical perspective and other facts on HIV/AIDS, the rationale for HIV prevention education, a discussion of classroom strategies, and guidelines for ensuring appropriateness and efficacy for the diverse populations in Texas schools.

The Appendices include a glossary of terms, additional resources on HIV/AIDS and other communicable diseases, Texas Department of Health information, legal guidelines dealing with HIV in the schools, a bibliography, and an audiovisuals list.

Home and School Partnership

Home and school partnerships are essential to helping students develop the knowledge, skills, and attitudes to ensure good health. Sample parent letters are included in the Appendices for each level, and various classroom activities offer strategies to increase parent and student communication. Schools may want to encourage parents to be involved in planning the implementation of the curriculum or, at a minimum, to provide opportunities for parents to view the materials. See Appendix F for a school district action plan that includes parents.

Parent Involvement

Home and school involvement will enhance the knowledge, skills, and attitudes that students can develop to ensure total wellness and responsible decision making. Parents are the first teachers of children, and home is the value base of the student. In addition, parents will be more supportive of programs that are open and encouraging of parent involvement. Parents want to know what schools are teaching and who are the staff persons teaching the programs. This is especially true in topic areas such as HIV education that are controversial.

Ways to encourage parent involvement in HIV education include:
- involving representative parents on the program planning committees
- offering a presentation that showcases the program, introduces the teachers who have been trained, and gives parents opportunities to ask questions
- informing parents about the school administrator who has responsibility for the program and referring all questions or inquiries to him or her
- providing in-school opportunities for parents to review the curriculum
- including parents with related professions in classroom presentations
- asking a qualified parent to be the liaison to parents who have questions or who disapprove of the program
- informing parents by letter when specific components are offered (see samples of letters in Appendix H)
- giving parents the option of teaching HIV prevention materials to their own children with the understanding that they will be tested with other students
- using *ESR III* materials that are assigned to encourage parent and student communication
- asking parents of special needs students to assist in adapting the program
- asking representative parents to be part of program evaluation

Community Involvement

Community involvement efforts in HIV education may include all the groups that have the influence, knowledge/skills, and interests to impact and profit from the schools' programs. Representatives of these groups could be involved in initial program planning. Groups such as social service agencies, hospitals and clinics, health service providers, health professionals, religious institutions, institutions of higher education, service clubs, youth-serving organizations, sports groups, law enforcement entities, recreation centers, business and professional groups, and others may be options and may have persons who are interested.

These groups may also provide additional funding, especially if they helped identify the need, as well as additional audiovisuals and print materials. Professionals from these groups may be effective in classroom presentations. School districts should develop criteria to ensure that speakers and materials are appropriate and correlate with program goals. (Note speaker guidelines in the teacher materials.)

Additional challenges that community groups must address to enhance the wellness of all students are reflected in the following questions:

- What is each group offering in services and/or education to encourage responsible choices by children and youth?
- Are days, hours, and locations of services appropriate for young people?
- Are fees, if any, scaled to income?
- Are children and youth provided with opportunities for healthy activities?
- Do community groups employ persons who relate to youth and who welcome youth participation?
- Do community groups assist in the development and provision of work and volunteer opportunities for youth?
- What are the services for families and youth in trouble?
- Is law enforcement protective of youth?
- Do some groups (youth-serving agencies and religious organizations) offer instruction in healthy, responsible sexuality?
- Most importantly, is the community a healthy place for children and youth?

ESR III encourages community involvement, especially by health professionals and other resource persons. The Texas Education Agency (TEA) continues to work cooperatively with the Texas Department of Health (TDH), and regional offices of TDH are invaluable in implementing prevention programs. Each regional office, for example, has a regional HIV coordinator. See the Appendices for information and resources. School districts may call 1/800-299-AIDS, the Texas AIDS LINE to order copies of the free Texas HIV/AIDS Community Resource Directory.

ESR Training

A curriculum or program is only as effective as the professionals who make the administrative plans and who teach it in the classroom. Therefore, a process for training has been developed for each of the *ESR* series. Each school district is invited to send a team to a Training-of-Trainers (TOT) session at a regional education service center. The trainers will be equipped to train classroom teachers and will be provided with a training package complete with video tapes to facilitate district plans and staff development. For specific information on training and for additional copies of *ESR III*, call (512) 463-9501.

Additional Information

Most Texas communities have HIV counseling and testing sites. The TDH directory contains a list by towns or cities. The local American Red Cross office, STD clinics, hospitals, drug abuse programs, and other health/service providers can be involved to make the program more effective. Their presentations in classrooms, however, will be more appropriate and on-target if districts develop speaker guidelines. For suggestions for these guidelines and other aids, refer to Contents.

COMMUNICABLE DISEASES THROUGHOUT HISTORY

Earliest recorded history documents small pox, leprosy, plagues, cholera, syphilis, tuberculosis, and other communicable diseases as the cause of death for millions throughout the world and throughout the ages. For example, a 6th century plague in Egypt caused death for 100,000,000 before it was carried to Europe. In Constantinople alone, 5,000 to 10,000 died daily. These tragedies of monumental proportions were attributed to immorality, imbalance in humors, demons, specific population groups, the alignment of the planets, eating spicy foods, and other superstitions. Today, because of the efforts of scientists through the years, the causes, cures, and even preventive vaccines have been identified for most communicable diseases. Important milestones include:

1000 B.C.	The Chinese were the first to experiment with a vaccine for small pox.
1067	Leprosy epidemics in Spain resulted in leprosariums, forerunners to modern hospitals.
1630	A European physician noted Peruvian Indian use of cinchona bark (basic to quinine) for fevers such as malaria.
1849	A. Yersin and S. Kitasato identified a plague-carrying organism, the bacillus Pasteurella pestis.
1849	John Snow, a British anesthetist, deduced that cholera was transmitted via water supplies and sewage systems.
1864	A French scientist, Louis Pasteur, discovered the process of heating liquids to kill germs.
1883	Robert Koch, a German bacteriologist, isolated and identified the organism which causes cholera.
	Ignaz P. Semmelweiss documented the need for handwashing between patient examinations in response to the high death rate from puerpel fever (child birth fever).
1901	In research directed by American army surgeon Walter Reed, yellow fever was the first disease to be discovered to be caused by a virus. Two of the doctors who submitted to mosquito bites to test the theory died of yellow fever.

1905	The syphilis infective organism, a spirochite, was discerned; the Wasserman test was developed in 1906.
1924	French bacteriologists Leon Calmitte and Cammille Gueria first immunized children against tuberculosis.
1940	Penicillin, effective against syphilis, etc. was discovered by Sir Alexander Fleming of Scotland.
1946	DDT was first used to rid an entire country of mosquitoes, the vector for malaria.
1953	Jonas Salk developed a vaccine to protect against poliomyelitis.
1963	Measles vaccine licensed for use.
1967	Mumps vaccine licensed for use.
1969	Rubella vaccine licensed for use.
1970	Immunizations for vaccine preventable diseases required for Texas public and private schools.
1976	Combined mumps, measles, rubella vaccine licensed for use.
1979	Hepatitis B virus vaccine licensed for use.
1981	Outbreak of skin cancer linked to "gay pneumonia" epidemic.
1982	Rare disease detected among hemophiliacs. The epidemic is named acquired immune deficiency syndrome.
1983	French researchers isolate virus that causes AIDS.
1985	Blood banks begin testing donations for human immunodeficiency virus.
1987	Haemophilus influenzae type B vaccine licensed for use.
1988	AIDS cases reach 50,000.
1989	Number of AIDS cases surpasses 100,000.
1992	Centers for Disease Control redefine AIDS to include T cell counts below 200.

In addition to medical advances, one of the most basic deterrents to communicable disease is education to discourage defined risky behaviors. Communicable diseases such as tuberculosis and cholera are still causes for high death rates in under developed nations of the world because of lack of information and poverty.

Two virulent diseases literally unknown to Americans are the parasitic diseases, onchocerciasis (river blindness) and Bilharziasis (a urinary tract disease), which kills millions in the near East, the Orient, India, and Africa. For the first, controlling the vector, the black fly, and for the second, persuading people to stay out of contaminated water and/or stopping human contamination of water, must be accomplished. No known vaccinations for these often fatal diseases are available, but research continues. Research, education, and international coordination/communication are also central to control of the human immunodeficiency virus infection, the virus which causes Acquired Immune Deficiency Syndrome (AIDS).

Historically, lessons have been learned regarding the importance of education to reduce unreasonable/unproductive fear; to promote healthy life-styles; and to encourage the avoidance of high-risk behaviors. *ESR III* presents ways for Texas schools to assist students, school staffs, parents, and communities to reach the objectives dictated by these historical lessons.

A BRIEF HISTORY OF HIV/AIDS

Origin and Spread of HIV Disease

First identified in Central Africa in 1972-73, the human immunodeficiency virus (HIV) appears to have been confined to small isolated groups there until people moved from rural areas to cities bringing the virus with them. HIV mutates rapidly and has developed a strain particularly virulent to humans. A monkey strain of the virus and HIV are similar and may have developed from a common viral ancestor.

The spread of cases has been from Africa to Haiti to the United States, and then to Europe and Asia. AIDS has been identified in all six major continents. The World Health Organization (WHO) puts the total of HIV-infected persons worldwide at between eight and 10 million with six to seven million cases of AIDS predicted by the year 2000.

Unexplainable cases of fatal opportunistic diseases were identified in California and New York beginning in 1975. A Centers for Disease Control (CDC) task force investigation found these cases primarily among homosexual men. Later studies showed intravenous drug users, hemophiliacs, and recent immigrants from Haiti with the same symptoms.

The following facts highlight the potential for national disaster, with adolescents as the next primary risk group:

- By 1993, an estimated 390,000 to 480,000 Americans will be diagnosed with AIDS. A million Americans are estimated to be HIV-infected. Persons with HIV may not be aware they are infected and may be infecting others. HIV has an exponential effect: persons pass on HIV to persons who pass on HIV to persons who pass on HIV.
- Since 1981, 47 health-care workers have been infected from on-the-job exposure to infected blood.
- In 1990, the CDC announced that HIV has been transmitted from a dentist with AIDS to three of his patients.
- HIV/AIDS has been well-documented among male homosexuals, intravenous drug users, hemophiliacs, and babies of infected mothers.
- Famous persons who have died of AIDS include Rock Hudson and Liberace. In 1991, Magic Johnson, basketball superstar, announced he was HIV-infected.
- In 1990, American deaths from AIDS have passed the 100,000 mark, nearly two times the number of Americans who died in the Vietnam War.

Toward HIV Prevention

The current emphasis is on education to prevent HIV infection. This thrust is specifically designed to minimize the high risk behaviors known to transmit HIV and to eliminate unwarranted fears, biases, and ignorance surrounding AIDS. In addition to the emphasis on education, accelerated research efforts related to HIV and AIDS are in progress throughout the world.

Major Milestones in research efforts have included the following:

- American and French research teams, with leadership by Robert Gallo, Luc Montagnier, and others, contributed to the discovery of the human immunodeficiency virus (HIV) as the cause of AIDS (acquired immune deficiency syndrome).
- Blood screening tests have been developed, and since 1985, blood banks routinely screen for HIV antibodies (and for high risk donors), ensuring safe blood and blood products for medical treatment.
- Nationwide efforts to affect HIV prevention through education about the high-risk behaviors that expose individuals to HIV infection have been initiated.
- No drugs to cure or vaccines to prevent HIV infection have been developed. The drug AZT (azidothymidine) was originally tested for cancer but has been found to slow the progress of AIDS. AZT was approved for use by the FDA in 1987.

COMMUNICABLE DISEASE CHART FOR SCHOOLS AND CHILD-CARE CENTERS

COMMUNICABLE DISEASE CHART FOR

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
AIDS HIV Infection	Variable	Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals with HIV infection may be asymptomatic.
Amebiasis	Variable, days to months	Intestinal disease may vary from asymptomatic to acute dysentary with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.
Campylobacteriosis	3-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.
Chickenpox	10-21 days	Fever and rash consisting of blisters that may appear first on head, then spread to body. Usually 2 or 3 crops of new blisters that heal leaving scabs.
Common Cold	1-3 days	Runny nose, watery eyes, general tired feeling, cough, sneezes.
Conjunctivitis, Bacterial and/or Viral	1-3 days	Red eyes, usually with some discharge or crust on eyelids.
Cytomegalovirus (CMV infections)	Unknown under normal circumstances.	Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.
Fever		Oral temperature of 38°C (100.4°F) or greater.
Fifth Disease (erythema infectiosum)	6-14 days	Redness of the cheeks ("slapped-face" appearance) and body. Fever does not usually occur.
Gastroenteritis, Viral	Variable, usually 2-7 days.	Stomachache, nausea, diarrhea (6 or more watery, loose stools per day). Fever does not usually occur.
Giardiasis	4-14 days	Gradual onset of stomachache, bloating, and diarrhea. May recur several times over a period of weeks.
Head Lice (pediculosis)	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint white eggs (nits) that will not flick off the hair shaft.

SCHOOLS AND CHILD-CARE CENTERS

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
No, unless child's physician determines that a severe or chronic skin eruption or lesion which cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chicken pox out-breaks in the school which may pose a health threat to the immuno-suppressed child.		Yes, but schools are not required to report.	Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Adolescents should be educated about transmission of the virus through sexual contact and sharing of equipment for injection.
Yes	After treatment is initiated.	Yes	Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in U.S. but can be acquired in developing countries. Can be spread by personal contact or through food and/or drink.
Yes	After diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	After 7 days from onset of rash, except immunocompromised individuals who should not return until all blisters have crusted over (may be longer than 7 days).	Yes	No vaccine available at this time.
No, unless fever is present (See Fever).	When fever subsides.	No	Teach importance of washing hands and covering mouth when coughing or sneezing.
Yes	See Footnote 2(A-B).	No	Teach importance of handwashing. Allergic conjunctivitis is not contagious.
No		No	Teach importance of good handwashing practices for staff and children. Avoid direct contact with urine, saliva, or other infectious secretions.
Yes	When fever subsides.	No	
No, unless fever is present (See Fever).	When fever subsides.	No	Cases should be seen by a physician to rule out a diagnosis of measles.
Yes	When diarrhea subsides.	No	Teach importance of handwashing. Adult should supervise handwashing of preschool-age children.
Yes	When diarrhea subsides.	No	Treatment is recommended. Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	When one medicated shampoo or lotion treatment has been given.	No	Second shampoo or lotion treatment in 7-10 days is recommended. Teach importance of not sharing combs, hats, and coats.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Hepatitis, Viral, type A	15-50 days, average 28 days	Abrupt onset of fever, tired feeling, stomachache, nausea, or vomiting followed by jaundice. Young children may have mild case of diarrhea without jaundice.
Hepatitis, Viral, type B	2-6 months	Gradual onset of fever, tired feeling, loss of appetite, followed by jaundice.
Herpes Simplex (cold sores)	First infection, 2-12 days	Blisters, on or near lips, that open and become covered with dark crust. Recurrences are common.
Impetigo	Variable, usually 3-7 days	Blisters on skin that open and become covered with yellowish crust. No fever.
Infectious Mononucleosis	30-50 days	Variable. Generally asymptomatic in infants and young children. Symptoms when present, include fever, fatigue, swollen lymph nodes, and sore throat.
Influenza	1-3 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, muscle aches.
Measles (rubeola)	7-14 days	Runny nose, watery eyes, fever, cough. Blotchy red rash appears on 4th day after prodromal symptoms.
Meningitis, Bacterial	2-10 days	Sudden onset of high fever, headache, and stiff neck, usually with some vomiting.
Meningitis, Viral	2-10 days	Sudden onset of fever, headache, usually with some vomiting.
Mumps	1-26 days, commonly 18 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.
Pertussis (whooping cough)	7-21 days	Low-grade fever, runny nose, and cough lasting about 2 weeks, followed by paroxysmal coughing spells and "whoop" on inspiration.

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
Yes	After 1 week from onset of illness.	Yes	Teach importance of handwashing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all children and parents involved.
No		Yes	Vaccine available but recommended for high-risk groups only as opposed to the general public. Neither cases nor carriers excluded from attendance. Teach importance of good hygiene and avoid contact with blood/body fluids of recent cases or chronic carriers.
No		No	Teach importance of good hygiene. Avoid direct contact with sores.
Yes	When treatment has begun.	No	Keep lesions covered while in school. Teach importance of handwashing and keeping fingernails clean.
No, unless fever is present. (See Fever).	When physician decides or when fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside.	No	Minimize contact with saliva or nasal discharges. Teach importance of handwashing. No vaccines or specific treatment have been recommended in routine cases.
Yes	When fever subsides.	Yes	Vaccine available, but only recommended for children with certain chronic diseases. Antiviral therapy available for cases of influenza type A.
Yes	After 4 days from rash onset. In an outbreak, unimmunized children should also be excluded for a least 2 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspect cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	See Footnote 2(A-B)	Yes	Depending on which bacteria are causing the illness, prophylactic antibiotics may be recommended for family members. Occasionally, close contacts at a child-care facility are also treated.
No, unless fever is present (See Fever).	When fever subsides.	Yes	Teach importance of handwashing. Prophylactic antibiotics of no value.
Yes	After 9 days from the onset of swelling.	Yes	Vaccine available.
Yes	After completion of 5 days of antibiotic therapy.	Yes	Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Pinworms	Variable, may be as long as 3-6 weeks	Perianal itching.
Ringworm of the Body	4-10 days	Slowly spreading, flat, scaly, ring-shaped spots on skin. The margins may be reddish and slightly raised.
Ringworm of the Scalp	10-21 days	Slowly spreading, balding patches on scalp with broken-off hairs.
Rubella (German measles)	14-21 days	Cold-like symptoms, swollen tender glands at back of neck. Changeable pink rash on face and chest.
Salmonellosis	1-3 days	Sudden onset of fever, abdominal pain, diarrhea, sometimes vomiting.
Scabies	First infection: 1 month Repeat infection: 2-5 days	Small, raised, red bumps or blisters on skin with severe itching.
Shigellosis	1-7 days	Sudden onset of fever, vomiting, and diarrhea.
Streptococcal Sore Throat and Scarlet Fever	1-3 days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat.
Tuberculosis, Pulmonary	4-12 weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight, cough.

EXCLUDE FROM ATTENDANCE[1]	READMISSION CRITERIA[2][3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT[4]
No		No	Treatment is recommended. Teach importance of handwashing.
No		No	Treatment is recommended. Keep lesions covered while in school.
Yes	When treatment has begun.	No	Teach importance of not sharing combs, hats, and coats.
Yes	After 7 days from rash onset. In an outbreak unimmunized children should be excluded for at least 3 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	When treatment has begun.	No	Careful examination of close contacts required to identify early infection. Household members should be treated prophylactically.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	After 24 hours from time antibiotic treatment was begun and fever has subsided.	No	Teach importance of covering mouth when coughing or sneezing.
Yes	After antibiotic treatment has begun, AND a physician's certificate or health permit obtained.	Yes	All classroom contacts should have TB skin tests. Antibiotic prophylaxis indicated for newly positive reactors.

[1] The major criterion for exclusion from attendance is the probability of spread from person to person. A child may have a nonexcludable illness yet require care at home or in a hospital.

[2] Children excluded from a school or child-care facility for a communicable disease may be readmitted by any of the following methods:

(A) A written certificate from a physician
(B) A permit issued by the local health authority
(C) Fulfilling criteria listed under "Readmission Criteria"

[3] A school or child-care facility administrator may require a note from a parent or physician for readmission regardless of the reason for the absence.

[4] **Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.**

Adopted by the Texas Department of Health pursuant to 25 TAC 97.6. Effective on September 1, 1987.

BASIC INFORMATION ABOUT HIV DISEASE

What Is the Immune System?

The immune system is composed of specialized white blood cells called lymphocytes. There are several kinds of white cells such as helper T cells, killer T cells, suppressor T cells, and B cells which have different functions. There are even memory T and B cells which remember a particular germ after an infection is over and launch a rapid attack should the same germ enter the body again.

The total number of white cells in the human body is about one trillion. Although functionally different, white cells work together to defend the body against any foreign invader, from pollen on a flower to the many disease-causing agents in the environment. When a germ (bacteria or virus) enters the body, the white cells mount a coordinated attack. Some white cells such as helper T cells recognize the chemical properties of a foreign particle and signal other white cells to make antibodies against the pathogen. Other white cells only operate to stop the attack. This internal defense process is called the immune response.

In a healthy individual, the immune response operates until the germ is destroyed. However, in individuals with weakened immune systems, an invading germ can cause disease because the immune system is too weak to destroy the germ. **See Appendix I, Transparency 1.**

What Happens When a Person Gets a Cold?

When a cold virus enters the body, for example through the nose, the virus is recognized by special white cells as foreign and unfriendly. The person develops symptoms such as sneezing, runny nose, fever, and swollen glands. These are signs that the immune system is fighting the cold virus.

After several days, the immune system destroys the cold virus and also manufactures specific memory white cells that will remember that particular cold virus should the person come into contact with it again.

What Happens When HIV Gets in the Body?

HIV, like other viruses, must live inside a cell to reproduce. It cannot multiply outside of a cell. Unfortunately, HIV, the virus that causes the disease AIDS, chooses certain white cells in our immune system in which to live. As a result, the virus slowly destroys the immune system, and the body's capacity to defend itself against disease is severely weakened.

HIV lives primarily in helper T cells which are responsible for not only recognizing and identifying foreign particles but signal the particular T and B cells that only respond to that particular germ. When the helper T cells are slowly destroyed by HIV, the body's ability to recognize, identify, and attack germs is lessened. **See Appendix I, Transparency 2.**

It can take many years before HIV damages the immune system. During this time, the infected person can look and feel healthy. **See Appendix I, Transparencies 3 and 4.**

What About Other Infections?

When a person has a healthy immune system, many diseases are never encountered because the immune system protects against them. When a person's immune system is damaged because of AIDS, the body's capacity to protect itself is also damaged, and the person can get opportunistic infections. These are diseases caused by germs that are always in the environment but controlled by healthy immune systems. That is, these germs take advantage of the opportunity presented when the immune system is unhealthy; they cause disease, even death.

People with AIDS die from opportunistic infections such as PCP, a type of pneumonia that does not normally develop in people with healthy immune systems.

HIV: Get the Answers

What Is HIV?

HIV is a virus that causes the disease called AIDS. **See Appendix I, Transparencies 5 and 6.** HIV damages the body's immune system, especially white cells called T cells. Since the immune system protects the body from disease, people who are HIV infected or HIV positive are more susceptible to disease.

HIV is not AIDS. People who are HIV positive can exhibit various symptoms or remain completely healthy, but they can transmit the virus to others at any stage.

What Is AIDS?

AIDS is the stage when various symptoms appear because the immune system (T cell count) is so damaged that the body cannot adequately protect itself from certain diseases. An additional component of the definition of AIDS was recently included by the Centers for Disease Control in Atlanta. The newest definition of AIDS includes a person with a T cell count of less than 200.

The time period between infection with HIV and the appearance of symptoms signaling the onset of clinical AIDS is about 10 years. During this time, a person may feel and look healthy, but they are capable of transmitting the virus. **See Appendix I, Transparency 7.** They can pass the virus to their sex partner or to a person with whom they share a needle. An infected mother can also pass the virus to her unborn child.

Is There a Cure or Treatment?

No cure for HIV or AIDS exists, and the current level of understanding of the disease suggests that an HIV-positive person will eventually develop AIDS. However, treatments with such drugs as AZT slows the growth of the virus and helps to keep the immune system healthy for a longer time.

How Do People Get HIV?

HIV lives in blood, semen, and vaginal fluid. If infected fluid is exchanged or mixed with the fluid from an uninfected individual, both individuals will then carry the virus. HIV is passed from one individual to another in the following ways:

- Having sexual intercourse (anal, vaginal, or oral) can transmit the virus. Anal intercourse is the most risky form of intercourse due to the unavoidable rupture of small blood vessels in the rectum during intercourse. This sexual practice, whether heterosexual or homosexual, increases the possibility of fluid exchange and the risk of HIV infection.
- Sharing needles for drug use is another common way to become infected with HIV. Blood may be left in the needle and, if infected with HIV, can be passed on to another person who is using the same needle. HIV can be mixed with another person's blood through needles used to inject steroids or by needles used for tattoos or piercing.
- The HIV virus may be transmitted from a mother to her unborn child through the placenta in her womb. The baby can also be infected with HIV during the birth process.

- Before 1985 in the United States, HIV-infected blood could mix with a person's blood through blood transfusions. People with hemophilia, an inherited blood disorder, were in the greatest danger of becoming infected with HIV during this period. Since 1985, the nation's blood supply has been tested for HIV, and the chance of infection through blood transfusion is now small.

Understanding how HIV is transmitted is important. However, of equal importance is understanding how HIV is not transmitted. HIV is not transmitted by donating blood. A sterile needle is used each time blood is drawn, and the used needle is destroyed. Not one case has been documented of HIV being spread by casual contact such as hugging, shaking hands, kissing, and sharing food. HIV is not spread by telephones, toilet seats, saliva, urine, feces, and sweat. HIV is not spread by animals and insects. It does not travel in the air. In fact, the virus is so fragile that exposure to air kills it. The virus must get into the blood stream to infect a person, and it gets there primarily through sexual activity and sharing needles. **See Appendix I, Transparencies 8, 9, and 10.**

Who Is at Risk?

A person's behavior is what puts him or her at risk for contracting HIV. It's what a person does that is important rather than who the person is. A person is at greatest risk if he or she has had sex or shared needles with an HIV-infected person.

A person is at greatest risk if:
- the person has ever had sexual intercourse (anal, vaginal, or oral; heterosexual or homosexual) with an injection drug user, a man who has had sex with another man, someone with hemophilia, someone who had a blood transfusion before 1985, or a person whose sexual history included indiscriminate sex with multiple partners
- the person has shared needles for injection drug use or tattooing
- the person is a heterosexual or homosexual sex partner of someone who has HIV or someone at risk for HIV infection; the person has had sex with an at-risk individual since 1978
- the person received a blood transfusion between 1978 and 1985
- the person has ever been sexually assaulted
- the person has ever had a sexually transmitted disease

In addition, babies are at risk for HIV if their mothers were HIV infected.

How Is HIV Prevented?

Ways persons may reduce the risk of HIV infection include the following:

- The surest way for a person to avoid HIV infection is to not have sex. It is also safe for a person to have sex with a lifelong partner whose sexual history is known to him or her and who is free of HIV infection.
- Using a latex condom and a water-based lubricant when having vaginal or anal sex will reduce HIV risk. The use of a condom when engaging in oral sex will also reduce risk. Since a condom can break or leak, some risk of infection remains.
- The spermicide nonoxynol-9 can kill the HIV virus. Using nonoxynol-9 with a condom can add extra protection.
- The use of a dental dam or a latex condom cut and rolled out flat should be used for oral sex on a woman. This will keep vaginal fluid from entering the man's mouth.
- A condom should always be used for oral sex on a man.
- Stopping the use of drugs reduces the risk of HIV infection. If people continue to inject drugs, they should not share needles. If they do share, they should wash the apparatus at least twice with bleach and water before and after each use. **See Appendix I, Transparency 11.**

What Are the Symptoms of HIV Infection?

Several years may pass before an HIV-infected person shows symptoms. Some people never develop any symptoms until they actually have AIDS. As few as a couple of months or as many as 10 years may pass from the time of infection until the onset of symptoms. However, a person should see a doctor and inquire about HIV testing if any of the following symptoms persist:

- unexplained weight loss of more than 10 pounds
- a fever that will not go away and/or drenching night sweats
- unexplained tiredness
- diarrhea
- persistently swollen glands in the neck, armpits, or groin
- unexplained dry cough or white spots on the tongue or in the mouth

HIV: the Antibody Test

What Is the HIV Antibody Test?

When a person is infected with HIV, the immune system produces antibodies, chemical substances that attack specific pathogens. In the case of HIV, the HIV antibodies search for and attempt to destroy HIV virus. The most common tests for the HIV virus are blood tests that look for HIV antibodies. These particular tests do not look for the virus itself.

If HIV antibodies are detected in a person's blood and confirmed with another test, then the person is said to be infected with HIV or to be HIV positive. If no antibodies are found, then the person is said to be HIV negative. The following are two kinds of antibody tests:

- The ELISA test can detect HIV antibodies manufactured by the body in response to HIV.
- The Western Blot test is used to double-check or confirm blood samples that the ELISA test shows to be positive. A positive Western Blot test is confirmation that a person is infected with HIV.

What Happens When a Person Takes the Test?

Before blood is taken from the arm, a counselor should explain the advantages and disadvantages of HIV testing. After the test, the blood is sent to a testing lab. The test results take about two weeks.

Will Test Results Be Confidential?

In terms of test reporting, confidentiality differs somewhat from state to state. However, two test reporting procedures are common. One is called *anonymous* testing. When a person takes an anonymous test, he or she is given either a code name or number. The person's name, address, and social security number cannot be traced. The person tested will be the only one who will know the test result. Anonymous testing protects a person against discrimination from anyone who knows the test result. Most areas have free anonymous testing and counseling. Another kind of test reporting is called *confidential*. The test result will be told only to the person tested, but it can be placed in the person's medical file. **See Appendix I, Transparency 12.**

What Does a Negative Test Result Mean?

A negative test means that no HIV antibodies were found in the blood at this time. However, since it can take the body up to six months after infection to manufacture antibodies, it is possible that a person is infected with HIV although the test did not detect antibodies.

If a person had sex without a condom or shared needles in the six months prior to the test, a counselor may suggest getting tested again. Until the next test, the person should not do anything that would put him or her at risk for HIV infection. **See Appendix I, Transparency 13.**

What Does a Positive Test Result Mean?

A positive test means HIV antibodies have been found in the blood. This means the person can pass the virus to others during anal, vaginal, and oral sex. Sharing needles can also transmit the virus.

Positive tests are confirmed by two blood tests and are almost 100 percent accurate. If a person tests HIV positive, early medical treatment can slow the progress of the disease. **See Appendix I, Transparency 13.**

Why Should a Person Take the Test?

HIV testing can cause emotional, social, and legal problems. Therefore, most test centers give counseling before and after the test to help the person work through concerns. One concern might be the reasons to take the test. There are several:

- Early medical treatment slows the progress of the disease and allows people to live longer.
- An HIV-positive person learns how to keep the immune system strong.
- Testing reduces anxiety and may help the person alter his or her life-style to improve the quality of life, whether the test is negative or positive.
- If the person is pregnant or considering getting pregnant, testing can help the person learn about the risk of transmitting the virus to her baby.
- The person will learn how to protect himself or herself and others from HIV infection.

Who Should Consider Testing?

Individuals may want to consider testing if they have been at risk for HIV infection. Persons are at risk if:

- They have shared needles for injection drug use or tattooing.
- They are heterosexual or homosexual sex partners of persons who have HIV or who are at risk for HIV infection. They are also at risk if they have had sex with at-risk individuals since 1978.
- They are at risk if they received a blood transfusion between 1978 and 1985.
- They have ever been sexually assaulted.
- They have ever had a sexually transmitted disease.

In addition, babies are at risk for HIV if their mothers were HIV infected.

Where Can a Person Get Tested?

HIV testing is done at public health clinics, AIDS agencies, hospitals, doctors' offices, and other locations. The cost ranges from free to expensive.

If a person considers taking a test, he or she should call various test sites and check on whether the test is anonymous or confidential, how results are verified and recorded, the cost, and if counseling is available.

For additional information about HIV antibody testing, the state or local health department or AIDS agency may be contacted.

HIV: What If the Person Is Positive?

Will He or She Get AIDS?

Current medical information cannot tell us if an HIV-positive person will develop AIDS or when he or she will develop symptoms of AIDS. The average length of time between initial infection with HIV and the development of clinical symptoms of AIDS is about 10 years.

With early medical treatment, an HIV-positive person can reduce the progress of the virus and live a longer, healthier life.

What About Treatment?

It is important to locate a physician who has experience working with HIV-positive people. This type of doctor will probably know more about current treatments.

Some treatments such as AZT fight the spread of HIV, while other treatments are used to control infections or the side effects from medication. The earlier a person finds out about the range of treatments available, the better the chances of keeping the immune system healthy.

What About Sex?

An HIV-positive person can pass the virus to another person and can be re-infected with HIV by a partner who is also HIV positive. Becoming re-infected is serious as the probability of developing symptoms increases as more viral particles enter the body.

Safer sex practices are encouraged, especially the use of a latex condom with nonoxynol-9 spermicide. Questions related to safer sex can be obtained from a test site counselor or from a local AIDS agency.

What About Other Protection?

Except for engaging in unprotected sex and sharing needles, a person stands little chance of infecting other people through casual contact.

For Women

An HIV positive woman who is pregnant or considering becoming pregnant should understand the risk involved. HIV can be passed to the unborn child through the placenta during pregnancy or during the birth process. About 30 percent of HIV-positive mothers give birth to babies who will develop HIV.

Why Is There an Urgent Need for Effective HIV Education?

An abundance of facts and statistics related to the HIV/AIDS epidemic is available. However, for educators to fully appreciate the absolute urgency of implementing effective HIV programs, three areas of particular significance must be understood:

- the natural history or course of HIV/AIDS
- the age distribution of AIDS cases in the United States and Texas
- the sexual behavior of students

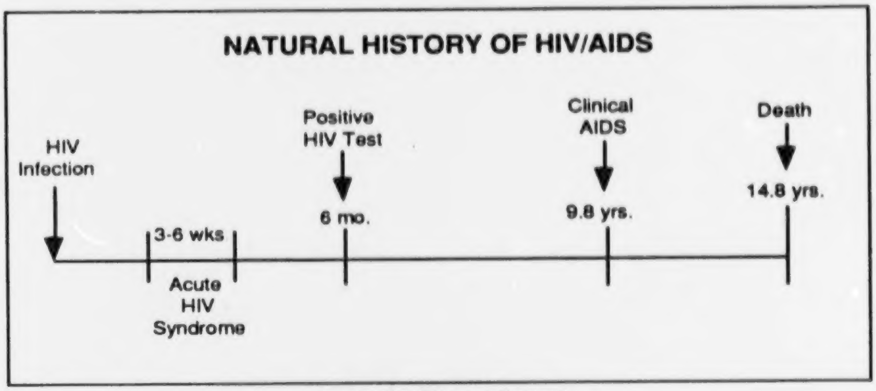
Figure 2 illustrates the natural course or history of HIV/AIDS. After a person is infected with HIV, flu-like symptoms appear in about 20-40 percent of cases, then disappear. This symptomatic and highly contagious period usually occurs between zero and six months, with the average being three to six weeks.

Thus from 60-80 percent of infected individuals exhibit no symptoms. After initial infection, a variable time period follows in which a person is asymptomatic. The HIV-infected person at this stage looks and feels normal but can transmit the virus to others. The asymptomatic stage ranges from 5-15 years. The average length of time before symptoms appear is 9.8 years. There is, therefore, a long time frame between initial infection and the clinical symptomatology of clinical AIDS. Clinical AIDS is the final stage of HIV disease and is associated with the appearance of at least one of 21 identifiable conditions and/or a T cell count less than 200. **See Figure 3.**

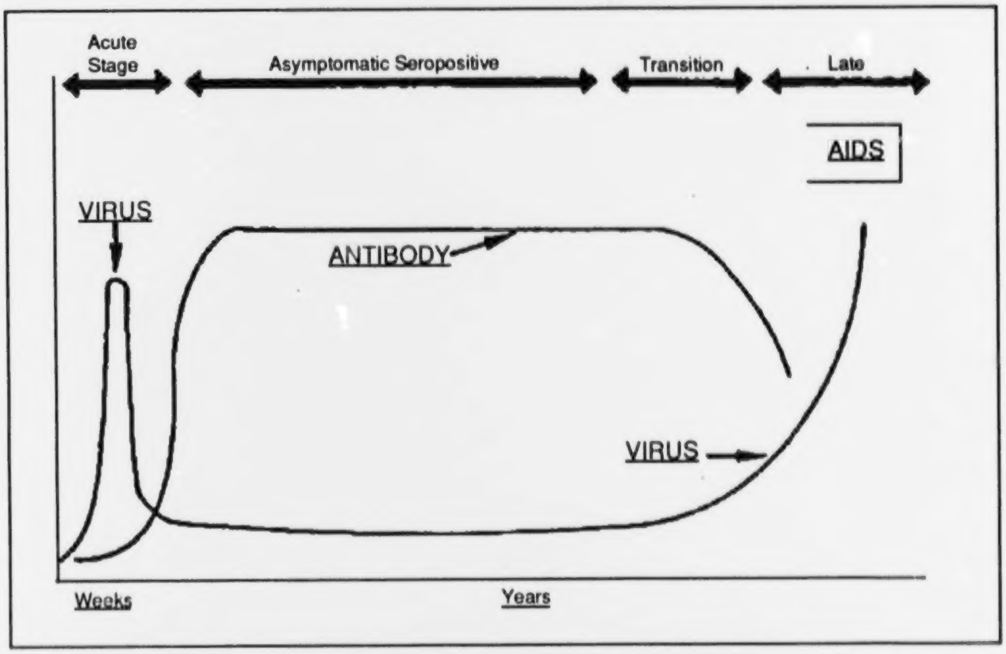
The long incubation period has been partially responsible for the erroneous sense of invulnerability among young people and the false sense of security perceived by some public school personnel. For example, because of relatively few cases of AIDS in the 10-19 age category, a false perception is that the disease does not pose a threat for school-age individuals. However, when the long incubation period is considered together with the large number of AIDS cases in the 20-29 age category (25 percent nationally and 25 percent in Texas), it becomes frighteningly clear that many of these people were infected during their teen years. Reported HIV cases as of 1991 indicate that 40 percent of all cases of HIV are in the 20-29 age group.

When the course of HIV disease and the age distribution of AIDS cases are then viewed within the context of high school sexual behaviors, the need for immediate action is apparent. **Figure 4** illustrates the sexual behavior of high school students in the US. **Figure 5** reports the percent of high school students who have had sexual intercourse in Texas.

Federal guidelines for HIV education directs educators to encourage students to abstain from sexual intercourse until they are ready to establish mutually monogamous relationships within the context of marriage. However, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, HIV education programs that address preventive types of behavior are critically needed. The statistical rationale is predicated, in part, by the large percentage of Texas high school seniors who engage in unprotected sexual intercourse. **See Figure 6.**


NATURAL HISTORY OF HIV/AIDS
HIV Infection
3-6 wks
Acute HIV Syndrome
Positive HIV Test
6 mo.
Clinical AIDS
9.8 yrs.
Death
14.8 yrs.

Centers for Disease Control
Figure 2



The course of disease from HIV infection to AIDS. Source: Courtesy of David Baltimore, Whitehead Institute for Biomedical Research, Cambridge, Massachusetts.
Figure 3

	Ever had sexual intercourse					
	Female		Male		Total	
	%	(95% CI)	%	(95%CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(± 2.4)	56.4	(± 4.5)	51.6	(± 2.9)
Black	60.0	(± 5.4)	87.8	(± 2.4)	72.3	(± 3.7)
Hispanic	45.0	(± 5.5)	63.0	(± 5.5)	53.4	(± 4.7)
Grade						
9th	31.9	(± 4.1)	48.7	(± 5.7)	39.6	(± 4.5)
10th	42.9	(± 5.5)	52.5	(± 6.9)	47.6	(± 4.9)
11th	52.7	(± 5.7)	62.6	(± 6.3)	57.3	(± 5.5)
12th	66.6	(± 3.9)	76.3	(± 4.1)	71.9	(± 3.1)
Total	48.0	(± 2.7)	60.8	(± 4.3)	54.2	(± 2.9)

Percentage of high school students reporting having had sexual intercourse, by sex, race/ethnicity, and grade—United States. Youth Risk Behavior Survey, 1990.

Figure 4

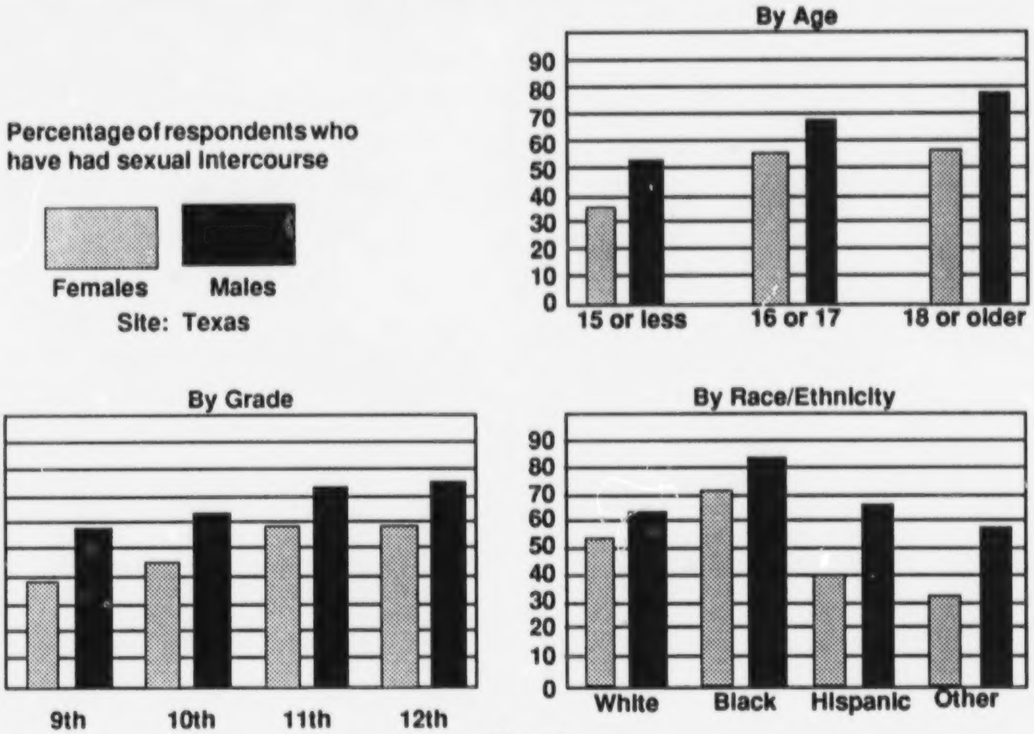


Figure 5

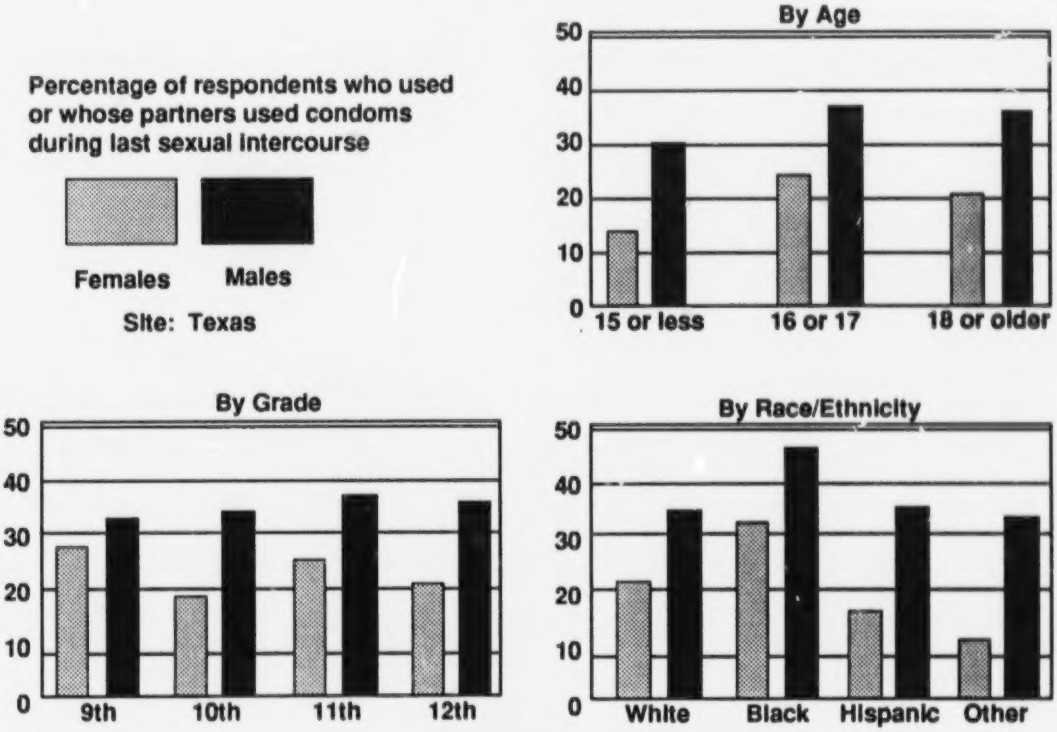


Figure 6
Youth Risk & Behavior Survey, 1990

Questions and Answers
From the Texas Department of Health

Do mosquitoes pass the AIDS virus?

No. Research teaches us that the AIDS virus does NOT get into the salivary glands of the mosquito; therefore, it is not passed through biting the way other diseases such as malaria or encephalitis can be. Practical experience also teaches us that mosquitoes don't pass the virus. People who spend a lot of time outside and are frequently bitten by mosquitoes are young children and retired adults. These people are not getting infected with HIV.

Will I get HIV from French (deep) kissing?

No. HIV is not passed by saliva. HIV is passed by infected blood from one person getting into the blood stream of another person. If blood is in the mouth, it is best not to kiss.

Will I get HIV from donating blood?

No. Blood centers use new equipment for each person who gives blood. No equipment is shared.

If a woman is pregnant, will she pass HIV to her baby?

Approximately 30% of women infected with HIV will pass the virus on to their babies. It is not known yet exactly how HIV is passed or why ALL babies are not infected.

Are condoms effective in preventing HIV from being passed from one person to another?

The 100% effective way to NOT become infected with HIV is to avoid having anal, vaginal, or oral sex with someone who has HIV and to not share drugs, steroids, or other needles. If someone chooses to have sex with another person and both are not absolutely sure that they are NOT infected, a condom is very important to use. Next to postponing sex, this is the most responsible action a couple can take.

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Research on condoms over the past 30 years indicates that using them properly will provide about 90% effectiveness in preventing pregnancy. Latex will not let the AIDS virus pass through. When condoms fail, it is most often because the people using the condoms do not use them properly. Condoms made in the U.S. must meet strict standards of quality. Latex condoms with lubrication used with a spermicide (nonoxynol-9) will provide protection from HIV, other STDs, and pregnancy.

What does an AIDS test mean?

The test is not actually for AIDS. It is a blood test that looks for antibodies to HIV. If the antibodies are found, the person has the virus in his or her blood. People can live for many years with HIV in their blood and may not become ill with AIDS.

When a person becomes infected, can he or she pass the virus on to someone else right away?

Yes. Even if a person has no symptoms of being infected or ill, the virus can be passed through anal, vaginal, and possibly oral sex and through sharing drug or steroid needles and possibly tattoo or ear-piercing needles. Blood buddy rituals are also risky.

How soon will the antibodies show up on the test?

All people develop antibodies at different rates. Most people will have antibodies in their blood within three months of becoming infected. If the test is done before that, it will need to be repeated if it is negative. Condoms are important to use anytime someone has a question about possibly being infected with HIV. By six months after infection, almost all people will show antibodies to the virus.

How long can a person have HIV in the blood and still be healthy?

It may take 10 years or longer for a person to begin having symptoms of HIV disease. Some people who choose healthy life-styles and learn how to manage stress may never develop symptoms of illness due to HIV.

Can someone get HIV only once or can you get it from many different people?

The AIDS virus has one general structure which makes it specific to HIV. We can use the image of car keys. A Porsche key has a different shape from a Chevy key. Yet each Porsche key has different bumps on it that allow it to start only one specific car. The same is true for each Chevy car key.

HIV has a shape that makes it different from other viruses such as hepatitis. Yet each HIV has different bumps on it that make it specific for each person. This is why developing a vaccine is so difficult. There are tiny yet important differences in each person's virus.

This means that if a person is infected with HIV from more than one person, each virus will be ever so slightly different. Each infection will cause more stress on the immune system as the body tries to cope with this new invasion of a slightly differently shaped virus.

What if a student in my class has AIDS or HIV?

A person who is infected with HIV is not a threat to your health. The virus is only passed by behaviors such as sex and sharing needles. It is not passed by behaviors found in a classroom.

What if a friend has a bloody nose or is bleeding?

We now know that blood can pass a number of serious illnesses (HIV, hepatitis, meningitis, rubella, etc.). However, simply by looking at someone we cannot know who is infected. It is wise to have the person who is bleeding put pressure on the wound if she or he is able. If this is not possible, you can help someone who is bleeding by putting pressure on the wound using a barrier such as clothing, plastic, wads of paper, etc., between your hands and the blood. If your hands do not have any open cuts, the virus, if present in the blood, will NOT penetrate your skin. If you do have an open cut, special care should be taken to prevent contact with someone else's blood.

Will HIV be passed between athletes who collide during sports activities?

No cases have been documented of this ever happening. Reasons why passing the virus this way is extremely unlikely include the following:

- When an injury occurs, the body instantly triggers a flow of blood and lymph fluid OUT of the body to cleanse the wound. The bodies of both injured athletes would thus be flushing fluid out— not accepting fluid into the body.

- When athletes collide, they immediately fall away from each other. The contact lasts only a fraction of a second.
- We can assume that Magic Johnson is not the only athlete who has HIV in his body. Other athletes have undoubtedly been infected in the past 10 years and may or may not have known it. Collisions and injuries have always occurred in athletics, yet there are no cases of HIV being passed in this way.

Where did HIV come from?

We do not know exactly how HIV developed. Theories exist but no facts clearly answer this question at this time. However, we DO know lots about the virus and how to prevent it. If we spend time and energy in discussing the origin of HIV, it takes away valuable time from educating ourselves about prevention.

Will everyone die who gets HIV and AIDS?

People are living longer and longer with HIV infection. A few people who became ill with AIDS have overcome the life-threatening illness and regained their health. How long they will remain healthy is unknown. Time will tell.

The vast majority of people infected with HIV eventually become ill and die. HIV can be prevented by choosing healthy behaviors. Education and prevention are the surest ways to avoid this catastrophic illness.

What is the pyramid effect?

The pyramid effect describes how a person subjects himself or herself to a multiplier effect with each additional sexual partner.

How did the dentist in Florida infect five of his patients?

After a two-year investigation by the Centers for Disease Control (CDC), health officials cannot say exactly how this dentist infected these patients. Tests showed the viruses of the patients closely matched that of the dentist. The office procedures for sterilization of equipment were poor. The dentist did not follow universal precautions. The most likely explanation is that he injured himself and got blood into patient's wounds. AIDS-related nerve damage and fatigue may have made accidents more likely. This Florida case remains unique. The CDC has studies of 15,795 patients treated by 32 other infected health providers. No other cases of transmission in the worksite have been uncovered.

Should I be alarmed about the risk of infection from my doctor or dentist?

The risk of infection from an infected doctor during surgery is one in 21 million for every hour of the operation. Former Surgeon General C. Everett Koop describes the risk as "so remote that it may never be measured." Texas law now requires health providers to use masks, latex gloves, and eye protection if they are doing procedures that might involve risk of transmission. This means we should expect our dentists and hygienists to use these protections.

Wouldn't HIV testing of health care providers protect me?

A negative HIV test would mean that this provider did not show antibodies at the time of the test. If the provider has engaged in any risky behaviors since the test, he or she might be infected at the moment of your visit. A test result taped to the wall will not protect us from transmission. Following universal precautions will.

Implementing the *ESR III* Curriculum Guide

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases is a curriculum guide that allows teachers to incorporate important concepts about the prevention of HIV into existing subjects and courses. Texas teachers, school counselors, nurses, administrators, and other community health professionals provided valuable input into the development of the guide. The urgent challenges created by the life-threatening nature of HIV disease dictate that HIV education become an integral part of basic education. Such education will help children and adolescents to develop self-responsibility for their own personal *health* and *wellness*.

The *ESR III* guide contains four volumes of sample lesson plans and instructional activities, for prekindergarten through Grade 12, which are integrated across numerous content areas. The lesson plans and activities are correlated with the essential elements of instruction required by Title 19, Chapter 75, Texas Administrative Code (State Board of Education rules for curriculum). The broad range of topics related to communicable diseases, including HIV, provides the teacher with opportunities to select and adapt the lessons into planned course work as well as to expand and extend the instruction to include other appropriate essential elements.

The *ESR III* guide was designed for use by the regular classroom teacher and other instructional staff members within the school. Persons other than the school's instructional staff such as counselors and medical personnel should serve only in the role of guest speakers and resource persons, not as the teacher or instructional leader.

ESR III GOALS AND OBJECTIVES

The primary goal of HIV education is to prevent the spread of HIV infection. The goals for *ESR III* include:

- increasing the number of schools offering effective HIV education
- encouraging Texas students to make healthy, behavioral choices to prevent infection of communicable diseases, including HIV

The *ESR III* objectives are to help students in:
- learning the facts
- understanding the consequences
- taking action

These objectives translate into student outcomes which include:
- recognizing the facts related to communicable diseases including HIV/AIDS and other sexually transmitted diseases (STDs)
- comprehending the individual and group consequences of these diseases
- learning and practicing behaviors to ensure prevention and total wellness

ESR III SCOPE AND SEQUENCE

The scope and sequence chart on pages 00-00 allows the user to see at a glance the overall objectives of the *ESR III* curriculum for prekindergarten through Grade 12. Dots on the chart indicate the appropriate grade levels for implementing each of the objectives.

ESR III: Prevention of HIV/AIDS
Scope and Sequence

I. Major Objective: Learning the Facts

	PK	K	1	2	3	4	5	6	7	8	HS
A. What are communicable diseases, including HIV/AIDS?											
1. Recognize some communicable diseases.	•	•	•	•	•						
2. Name some communicable and noncommunicable diseases.	•	•	•	•	•						
3. Identify differences between some communicable and noncommunicable diseases.						•	•				
4. Describe HIV/AIDS.						•	•	•	•	•	•
5. Differentiate between communicable and noncommunicable diseases.								•	•	•	•
6. Research and examine the history of communicable diseases, including HIV/AIDS.								•	•	•	•
B. What do students need to know about communicable diseases including HIV/AIDS?											
1. Recognize methods of preventing, treating, and controlling some communicable diseases.	•	•	•	•	•						
2. Recognize the risk of contracting communicable diseases in some behaviors and situations.	•	•	•	•	•						
3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.	•	•	•	•	•						
4. Describe methods of transmission of some communicable diseases.	•	•	•	•	•						
5. Dispel myths and misinformation concerning some communicable diseases.	•	•	•	•	•						
6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.	•	•	•	•	•						
7. Identify healthy ways to encourage and demonstrate compassion for persons with special needs.	•	•	•	•	•						
8. Describe symptoms of some communicable diseases.	•	•	•	•	•	•	•				
9. Dispel myths and misinformation concerning HIV/AIDS.						•	•				
10. Describe methods of transmission of communicable diseases and of HIV infection.						•	•	•	•	•	•
11. Describe the methods of preventing, treating, and controlling diseases.						•	•	•	•	•	•
12. Explain the critical importance of preventing HIV infection.						•	•	•	•	•	•

I. Major Objective: Learning the Facts (continued)

	PK	K	1	2	3	4	5	6	7	8	HS
13. Examine the roles of contaminated needles and of blood in the transmission of HIV.						•	•	•	•	•	•
14. Examine issues of confidentiality and public reaction relative to HIV-infected persons.						•	•	•	•	•	•
15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.						•	•	•	•	•	•
16. Identify self-esteem and personal skills as factors in making decisions about behaviors.						•	•	•	•	•	•
17. Identify healthy ways to encourage and demonstrate sensitivity for persons with special needs, including PLWAs.						•	•	•	•	•	•
18. Describe symptoms of HIV infection and AIDS; identify testing procedures.								•	•	•	•
19. Describe the risk potential for HIV infection in specific behaviors and situations.								•	•	•	•
20. Describe the means through which HIV infection via sexual activity can be reduced.								•	•	•	•
21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.								•	•	•	•
C. Where can students go for information about communicable diseases, including HIV/AIDS? 1. Identify persons including family members who can help with information on diseases.	•	•	•	•	•						
2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.						•	•	•	•	•	•
3. Identify community professionals, programs, and resources.								•	•	•	•
4. Identify and use local and national hotlines.								•	•	•	•

II. Major Objective: Understanding the Consequences

	PK	K	1	2	3	4	5	6	7	8	HS
A. What happens to HIV-infected persons and friends/families?											
1. Recognize feelings and behaviors experienced by persons as a result of diseases.	•	•	•	•	•						
2. Examine the consequences of risky behaviors.	•	•	•	•	•						
3. Examine feelings and behaviors experienced by persons as a result of diseases.						•	•				
4. Describe the personal challenges experienced by PLWAs, their families, and others.						•	•	•	•	•	•
5. Explain the physical effects of HIV and AIDS.						•	•	•	•	•	•
6. Examine and predict the consequences of risky behaviors.						•	•	•	•	•	•
7. Explain and analyze differences between HIV infection and AIDS.						•	•	•	•	•	•
8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.								•	•	•	•
9. Discuss and predict the social, legal, and economic effects on infected individuals.								•	•	•	•
10. Identify and evaluate ways to cope with illness/death.								•	•	•	•
B. What is occurring in the public sector as a consequence of HIV/AIDS?											
1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.	•	•	•	•	•						
2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.	•	•	•	•	•						
3. Describe school policies and procedures regarding injuries, illness, and diseases.						•	•				
4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.						•	•				
5. Discuss the statistical data available on HIV/AIDS.								•	•	•	•
6. Identify and analyze geographical patterns in the incidence of HIV/AIDS.								•	•	•	•
7. Identify and analyze media coverage of HIV/AIDS.								•	•	•	•
8. Identify, describe, and critique education efforts in the prevention of HIV infection.								•	•	•	•
9. Examine and critique school policies and procedures regarding HIV/AIDS.								•	•	•	•
10. Examine the roles and contributions of scientists and health professionals in the treatment and control of HIV/AIDS.								•	•	•	•
11. Recognize and analyze the political, ethical, and economic implications of HIV/AIDS.								•	•	•	•
12. Analyze the statistical data available on HIV/AIDS.											•

III. Major Objective: Taking Action

	PK	K	1	2	3	4	5	6	7	8	HS
A. How can students promote and enhance their own wellness?											
1. Access factual information on some communicable diseases.	•	•	•	•	•	•	•				
2. Identify and practice personal safety and good health habits.	•	•	•	•	•	•	•	•	•	•	•
3. Develop and use skills for coping with change, success, and failure.	•	•	•	•	•	•	•	•	•	•	•
4. Avoid/minimize behaviors that may lead to disease, illness, and injury.	•	•	•	•	•	•	•	•	•	•	•
5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.	•	•	•	•	•	•	•	•	•	•	•
6. Identify valid reasons to practice abstinence.							•	•	•	•	•
7. Access and critique information on communicable diseases, including HIV/AIDS.								•	•	•	•
8. Practice abstinence or, if sexually active, minimize risk factors.											•
B. How can a student develop self-responsibility?											
1. Define and practice self-responsibility in areas of living and wellness appropriate to age.	•	•	•	•	•						
2. Set and pursue appropriate short-term goals.	•	•	•	•	•	•	•				
3. Define self-responsibility and relate it to all areas of living and wellness.						•	•	•	•	•	•
4. Identify, develop, and practice good decision-making skills.	•	•	•	•	•	•	•	•	•	•	•
5. Practice behaviors and activities that enhance self-esteem.	•	•	•	•	•	•	•	•	•	•	•
6. Develop effective study and work skills.	•	•	•	•	•	•	•	•	•	•	•
7. Develop effective communication skills including listening, reading, writing, and speaking.	•	•	•	•	•	•	•	•	•	•	•
8. Gather and critique information to utilize in decision making and problem solving.						•	•	•	•	•	•
9. Set and pursue appropriate short- and long-term goals.								•	•	•	•
C. How can students relate to others in healthy ways?											
1. Develop and practice effective peer skills.	•	•	•	•	•						
2. Demonstrate ways to help others who experience problems.	•	•	•	•	•	•	•				
3. Recognize and value differences and similarities in individuals and families.	•	•	•	•	•	•	•	•	•	•	•
4. Develop and practice effective communication skills.	•	•	•	•	•	•	•	•	•	•	•
5. Develop and practice healthy ways to express thoughts and feelings.	•	•	•	•	•	•	•	•	•	•	•
6. Recognize the importance of accepting personal responsibility for group success.	•	•	•	•	•	•	•	•	•	•	•
7. Develop and practice effective peer skills including assertiveness and negotiating skills.						•	•	•	•	•	•
8. Formulate effective strategies for helping others who experience problems.								•	•	•	•

III. Major Objective: Taking Action (continued)

	PK	K	1	2	3	4	5	6	7	8	HS
D. How can students assist in societal battles against communicable diseases?											
1. Share correct information with peers and family.	•	•	•	•	•						
2. Recognize and demonstrate responsible behavior as a social responsibility.	•	•	•	•	•	•	•	•	•	•	•
3. Identify and share reliable information and appropriate assistance.						•	•	•	•	•	•
4. Communicate with decision makers on local, state, and national levels.								•	•	•	•

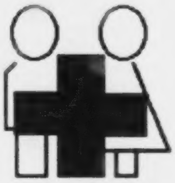
ORGANIZATION OF *ESR III*

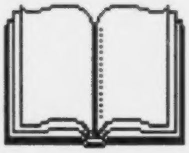
ESR III is divided into four volumes that are designated for prekindergarten-Grade 3, Grades 4-6, Grades 6-8, and Grades 9-12. Each volume stands alone for distribution to appropriate school personnel. Each contains sample age-appropriate lessons along with an introductory section and lists of resources to assist the administrators and teachers of HIV prevention education.

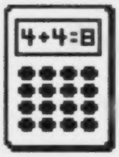
Each of the four grade-level volumes of the *ESR III* curriculum guide is divided into three sections: (1) introductory materials, (2) sample lessons, (3) resources. The introductory material provides an orientation to the nature of HIV disease, its implications for the public schools, and the potential of local communities for attacking the epidemic. The sample lessons are arranged in order of grade, and the suggested subject areas are identified in the upper right-hand corner of each page by an icon. The lessons are designed to be flexible, independent activities. Many of them can be reproduced as handouts, worksheets, and overhead transparencies.

Icons for the subject areas of *ESR III* sample lessons are as follows:

Fine Arts


Health

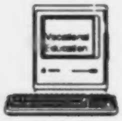

Language Arts



Mathematics

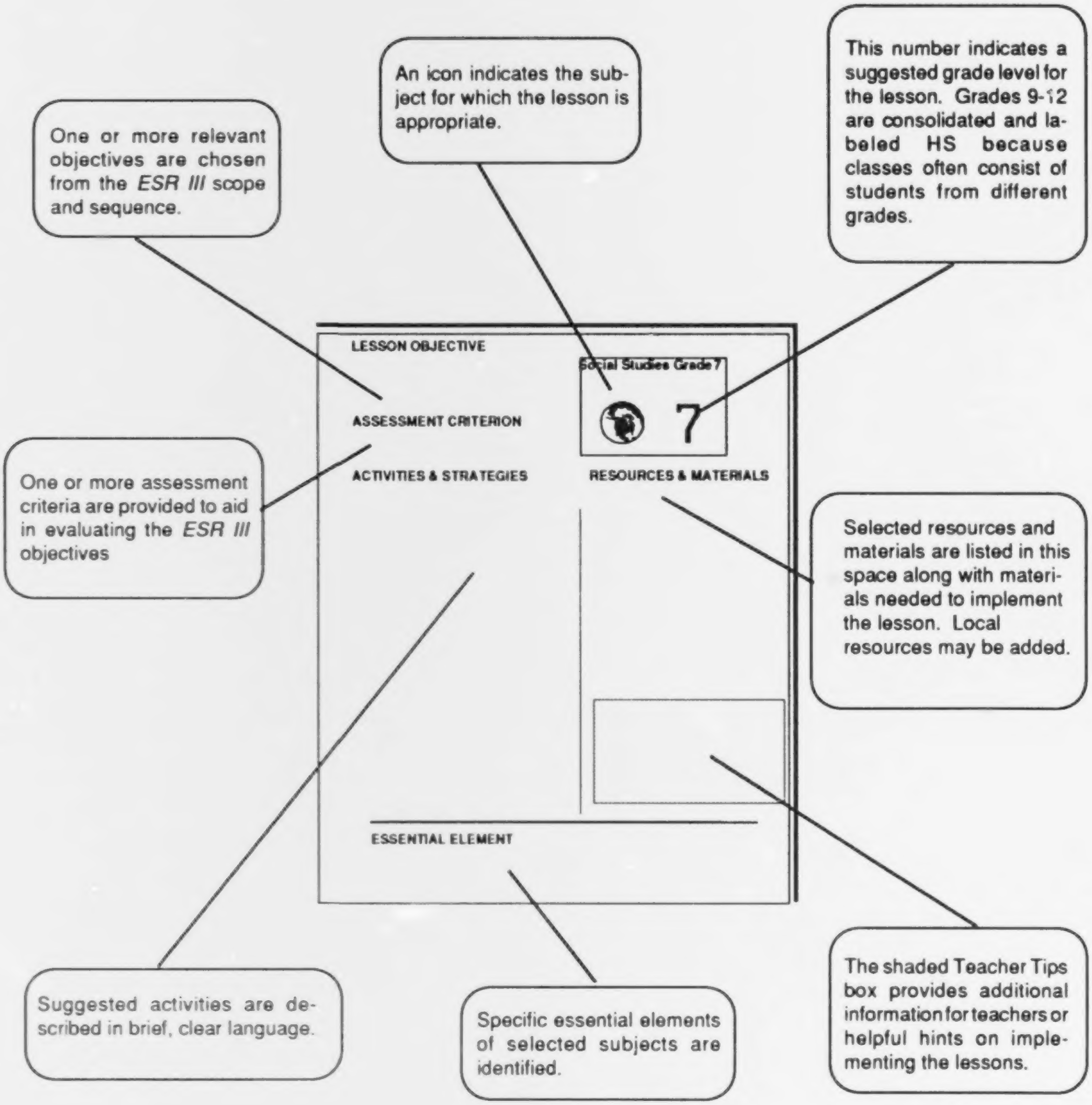
Science

Social Studies



Vocational Education

Using the *ESR III* Sample Lessons


LESSON OBJECTIVE
Social Studies Grade 7
7
ASSESSMENT CRITERION
ACTIVITIES & STRATEGIES
RESOURCES & MATERIALS
ESSENTIAL ELEMENT

One or more relevant objectives are chosen from the *ESR III* scope and sequence.

An icon indicates the subject for which the lesson is appropriate.

This number indicates a suggested grade level for the lesson. Grades 9-12 are consolidated and labeled HS because classes often consist of students from different grades.

One or more assessment criteria are provided to aid in evaluating the *ESR III* objectives

Selected resources and materials are listed in this space along with materials needed to implement the lesson. Local resources may be added.

Suggested activities are described in brief, clear language.

Specific essential elements of selected subjects are identified.

The shaded Teacher Tips box provides additional information for teachers or helpful hints on implementing the lessons.

CLASSROOM STRATEGIES

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases provides the background information and the classroom activities to encourage Texas students to make behavioral choices that will help prevent infection with HIV and other communicable diseases and that will enhance total wellness. As in other content areas, teachers are encouraged to use processes and procedures that facilitate optimum student learning. Additional classroom strategies specific to *ESR III* are included below to be of assistance to the classroom teacher.

Setting the Climate and Context for Lessons on HIV

A climate in which students and teachers are comfortable discussing HIV and issues related to the disease is critical to promote comprehension and to ensure that questions are asked. A proper climate is characterized by a classroom atmosphere that is open and serious, without frightening students. In addition, teachers need to be available to respond to student questions to the best of their ability. Teachers must also be comfortable in their understanding of what the district administration wants them to teach in the classroom.

Handling HIV Content

Teaching about HIV can be uncomfortable, especially if it is a teacher's first attempt with the material. The following ideas may help to make the initial lesson a little easier:

- Emphasize the issues that will be of most importance to the students. For example, if you teach about virology, the history of the HIV epidemic and similar plagues, be sure to spend time on transmission and prevention issues as well. Remember, the main objective in the curriculum is to teach students to protect themselves from becoming infected with HIV.
- Present the material in a serious fashion — avoid making jokes to ease the tension.
- Use proper names for body parts and sexual and drug abuse behaviors — when everyone learns to use the correct terminology, many of these issues will become easier to discuss.
- Teach HIV content *after* basic child growth, development, and sexuality content has been taught. *ESR III* lessons for younger children do not include sexuality concepts but are age-appropriate lessons on health habits, safety, body privacy, etc.

Establishing Guidelines for Discussion

Set the following guidelines for discussion; give each student a copy of the guidelines or write them on the blackboard:

- Everyone is allowed to express his or her opinion and should be given a chance to do so without being interrupted.
- All points of view are worthy of being recognized. While it is permissible (and even encouraged) to question or disagree with other opinions, it is not permissible to embarrass, degrade, or preach to others.
- People learn by asking questions. NO question is dumb or wrong.
- It is acceptable for students and the teacher to blush, feel embarrassed, or not to know the answers to all the questions.
- Do not refer to specific people by name during discussion.
- Do not ask personal questions of other students or the teacher. Everyone has the right to "pass" on questions they do not wish to answer. The teacher has the same rights as students to choose not to answer any personal questions.
- The personal opinions, values, and experiences shared in the class should be kept confidential. Confidential means that students do not reveal who made the statements. Discussions with parents and students outside the class of the ideas and opinions that were expressed is encouraged. The motto is, "Remember what you heard, forget who said it."

Guiding Student Discussion

Students may be shy or embarrassed about discussing HIV infection at first. However, with a bit of encouragement, especially with a teacher whom they know well and with whom they are comfortable, a fulfilling, educational experience can occur. In fact, if teachers guide the discussion well, they may be relieved of some of the responsibility of having to explain all the issues.

The following suggestions will help teachers guide student discussion:

- Allow students to speak. Permit them to share their concerns, fears and attitudes.
- Encourage discussion. When a student makes a comment, ask a follow-up question such as, "Why do you think that?" to encourage him or her to complete the thought.
- Keep students on target. If the class discussion is focusing on the modes of transmission and a student says he or she has heard a person can get infected with HIV through casual contact, explain the facts and return to the discussion on the ways HIV is not transmitted.
- Comments such as "only gays and IV users get AIDS" may arise. Use these opportunities to clarify the issues, rather than allowing them to

detract from fact. Inform students why this comment is false and explain why all individuals are at risk if they practice certain behaviors.

- Listen to students. Make a concerted effort to let them know they are being heard. Respond to all questions and comments. This will encourage students to continue discussing important issues.
- Be responsive to students' needs and concerns. Provide students with additional information about issues of particular interest to them. Refer students to other resources when appropriate.

Answering Student Questions

Students of all ages know when they are given adequate answers to questions. It is a disservice to evade questions or provide only half an answer. Because of the constantly changing information regarding HIV, teachers should feel comfortable acknowledging their inability to answer the wide range of questions that may be posed as a result of class discussions. Teachers are encouraged to offer to find the answer to a question or to refer students to additional sources of information, including state and local health departments and the U.S. Public Health Service AIDS Hotline: 1-800-342-AIDS.

- Solicit student input. If a student asks a question during a class discussion, the teacher may ask other students to respond if it is appropriate. This may spark student discussion, as well. However, once this is done, the teacher may need to highlight the correct information and add any details the students omitted.
- When the teacher answers a question, the response should be direct, factual, honest, clear, and complete.
- It is important for the teacher to define words the student may not understand. It is also important for the teacher to provide all available and developmentally appropriate information. For instance, if a sixth grade student asks how HIV is transmitted, it is insufficient for the teacher to say, "one way is through sex." A more adequate response would be, "one way is through sexual intercourse with an infected person." Even better for a high school student would be "one way is through anal, oral, or vaginal sex when there is an exchange of infected semen, blood, or vaginal secretions."
- In answering a student question, keep references to people in the generic—i.e., not "you" but "a boy (or a girl)."
- An adequate response depends on the student's age and developmental stage as well as on school policy regarding what the teacher is allowed to say.
- It is also important for the teacher to encourage students to ask their parents or other trusted adults questions they may have about HIV.

Dealing with Name Calling or Inappropriate Discrimination

Name calling, teasing, and other inappropriate behavior related to HIV instruction require attention. In general, the teacher will respond similarly to the way he or she responds to all inappropriate behavior in the classroom. It is important that these situations not be ignored and that students be made aware of the seriousness of their behavior. These situations can be used to explain to students the need to respond compassionately to persons with HIV infection.

It is important to keep in mind the reasons that students act out by name calling and teasing. These reasons include:

- a need for attention
- a means for acquiring information — a student may learn that by using inappropriate language the teacher will spend extra time with him or her explaining the word, behavior, etc.
- modeling an older sibling or parent — a student may hear a relative make a critical remark (e.g., about homosexuals) and decide to use this term to refer to a classmate. This may be intended to be funny or may be intended to insult. In any case, it is unacceptable.

Inappropriate behavior should be:

- acknowledged
- addressed immediately
- handled without ridiculing the student

If a student harassed another student with "being gay," for instance, it is recommended that the teacher talk to the student doing the ridiculing as soon as possible. The teacher can take the student aside and spend individual time with the student making sure he or she understands the seriousness of the behavior. It is important to determine whether a young student really understands what he or she is saying. He or she may not know what the words mean and thus not understand the connotations of what has been said.

Language Usage

Although teachers want students to feel comfortable discussing HIV, they must not allow vulgar or inappropriate language. Sometimes this language results from students not knowing anything other than street language. The best approach is for a teacher not to chastise the student but to simply say, "In this classroom, we use the term __________. When everyone learns to use the correct terminology, many of these issues will become easier to discuss."

Special Situations

Teachers may wonder about approaches to use when there is a child with HIV infection or AIDS in the class or school or when a student has a family member with HIV infection or AIDS.

HIV education should be provided regardless of whether there is a student or staff person with HIV infection in the school. In most instances, the teacher will not know whether or not such cases exist in the school. Teachers should be aware that any student in the classroom or anyone in the building could be infected with HIV, and appropriate precautions should be taken every time teachers assist a bleeding student.

If the teacher knows that a student with HIV infection or AIDS is in the classroom, he or she may wish to spend some time talking privately with the student. This will help the student to understand that the subject of HIV is important to teach all students and is not being taught because of him or her.

Children in the school may inquire about whether they could catch HIV from an infected child or adult or students may make statements to one another about the infected person. Teachers may use these episodes as "teachable moments." They could use these opportunities to clarify that a student or staff member with HIV poses no danger to other students.

Cooperative Learning

Many of the activities in *ESR III* are planned for pairs and small groups. Cooperative learning, if properly planned and facilitated, can encourage students to be more respectful and helpful with each other. This strategy can also ensure that unproductive competitiveness is minimized and that students feel part of a supportive group. Students with special needs (physical, emotional, intellectual, language, etc.) and students who learn more easily in informal/loosely structured environments will also profit from this strategy.

Teachers can encourage successful cooperative learning and create positive interdependence, by giving a group grade, requiring a single product, dividing the activity into parts, and assigning interconnected roles. They can encourage students to be individually accountable as well as requiring each to master the material. Mastery can be verified by asking individual students to answer questions and by giving a test on the concepts.

Some classroom rules should be discussed and maintained to ensure optimum learning in cooperative groupings. Possible rules, to be adapted to the grade level, could include:

- All ideas and opinions are respected.
- Excessive noise and laughter will disturb other pairs or groups. Keep it quiet.
- Take turns listening and talking. No person should monopolize.
- Volunteer for roles that have been assigned. Each does his or her part.
- Keep on task. Get the job done.
- Remember everyone is responsible for all information. Group grades and individual grades should be given.

Role Play

Role playing is one effective classroom strategy to use in HIV education. The following guidelines will help students gain maximum understanding via this strategy.

In preparation the teacher can:

- explain the situation
- identify all the roles
- describe the relationship between the roles
- ask students to volunteer for roles rather than be assigned roles
- coach students and help students prepare who are not comfortable in front of group
- demonstrate the skill to be learned
- remind students to think and act in ways that the person they are roleplaying would think and behave, to put themselves in that person's place

During the role play, it is important to:

- identify the roles to the audience
- give the audience opportunities to be involved—players can use "inside comments;" the teacher can use "freeze" to comment on skills, words, concepts, etc.

After role play, the teacher can help students process by having them:

- discuss what they saw and heard
- analyze results
- suggest transference of situation/concepts to other situations
- make summations of concepts
- re-enact, if time permits, with other players, situations, and roles

Peer Education

Peer education is another important, effective strategy in HIV education, especially for middle school and high school students. Teenagers listen to what their friends say and turn to them for help. Convincing teenagers to do something that their friends won't do is difficult. A more effective method is to change the way teenage groups feel about certain actions—to change a group norm.

The idea of teens teaching teens has strong grounding in common sense. Indeed, peer education is not a new phenomenon. The practice of older students helping younger students allowed one-room schoolhouses to work in the 19th century. Tutors have long been a staple of education. In the 1960's, the concept first began to be applied to health and behavior education. Surveys such as the 1988 National Home Economics Association Study of teenagers' attitudes have found that adolescents turn to friends for advice before they turn to any other person, including parents, teachers, and clergy.

Specific to HIV education, peer education is outlined in the high school lesson plans as an informational activity rather than a peer counseling activity. Peer counseling, if developed, could be part of a larger more comprehensive peer education effort. In addition, if a peer education program is already in place at the school site, presenting HIV/AIDS facts to the peer educators is an important task for trained staff. Schools with interest in development of comprehensive, on-going programs can contact the following group for assistance and materials: The Peer Assistance Network of Texas, 1700 West 6th Street, Austin, TX 78703; (512)477-4491.

IMPORTANT ISSUES

Effective HIV education addresses a number of important but difficult issues. Educators need to be aware of these sensitive issues and be prepared to handle them.

Handling Controversial Issues with Parents

Educators, parents, and others generally agree that children and teenagers should abstain from sexual involvement and never use injectable drugs. However, they do not agree on what should be taught in the classroom. Opinions range on a continuum from advocates of sexuality and HIV education in the schools to direct opponents of such education. Some topics such as condom instruction, abstinence only, various types of sexual intercourse, and homosexuality also elicit a variety of responses. School districts should involve parents and other community members in determining the most appropriate educational strategies to meet their students' needs. Because of the sensitive nature of the topics and materials, teachers must be prepared for differing viewpoints from these individuals. Teachers can explain what they have been authorized to teach to the parent of a student in their classroom. However, they should not argue with the parent but refer the parent to the building administrator.

Some parents may be apprehensive that their children will lose their innocence by receiving information about HIV infection. They fear talking about sexuality and drug use will encourage undesirable behaviors. These parents may wish to excuse their children from lessons on HIV. Administrators should request that those parents teach their own children. Such a situation may be difficult for the student who is excused and confusing to other students who do not understand why their classmate is not participating. The teacher could tell the other students that the parent wants to do the teaching at home and close the discussion with the statement, "And that's okay." The teacher will follow the school district's protocol for students who are excused from the classroom per the parent's request.

The school district should plan to address controversial issues through a variety of approaches including: parent involvement on a curriculum committee, presentation of Parent Preview Nights when parents are invited to review curriculum and videos, and provision of supplemental material on HIV for parents. These efforts should help provide visible, broad-based support for classroom teachers who must deliver HIV education material to students.

Student Questions About Homosexuality

Young students may want to know the definition of homosexuality; older students may want to know why some people are homosexuals and may ask about their sexual practices. In any case, it will be helpful for the teacher to be thoroughly prepared ahead of time for student questions and comments.

Teachers are encouraged to use their discretion in responding to questions about homosexuality. Teachers may find it helpful to explore with students the information they already have and to consider why students are asking the questions.

A straightforward response to the question, "What is the difference between a homosexual and a heterosexual?" might be, "Homosexual persons prefer sexual relations with people of the same sex; heterosexual persons prefer sexual relations with people of the opposite sex."

If a young person asks, "If a boy loves his father and other male relatives and friends, is he a homosexual?" The answer is, "No. We all can love family members and friends of the same sex. Homosexuality refers to sexual feelings toward, and sexual behaviors with, a person of the same sex." If an older student asks about the behaviors homosexual men perform, a teacher may appropriately explain, "Homosexual persons have sexual activity with same sex persons." The response the teacher provides should remain within the district's and state's guidelines regarding what may be taught. If an older student asks, "Why are some people homosexual?" a brief answer might be, "Researchers are uncertain why particular individuals are homosexual but generally agree that it is determined in the first few years of life and is seldom a conscious choice. Researchers suggest that genetic, hormonal, and environmental factors, in combination, lead some people to have homosexual feelings and behaviors. One thing we know is that one doesn't become homosexual just by knowing or being around homosexuals."

If a student of any age expresses negative opinions about homosexuality, the teacher's responsibility is to confirm the student's right to that opinion and to say that other people have different opinions on the subject.

HIV and Sexual Abuse/Sexual Assault

Cases of HIV infection as a result of sexual assault have been documented. In addition, studies show that one of three girls and one of 10 boys have experienced sexual molestation and abuse. Learning about HIV infection may cause anxieties among students who have been victimized. It is possible that some perpetrators of abuse are HIV-positive. Also, teachers should realize that pedophiles are usually heterosexual, not homosexual, and that HIV testing has not generally been required following sexual assault or sexual abuse.

Learning antivictimization techniques may also give some students the courage and permission to "tell someone." In all of these situations, teachers/school personnel (the person who *first* suspects or is told) must report the incident to police and/or the Texas Department of Human Services.

RED FLAGS

Health educators and researchers have identified a number of red-flag terms and expressions they recommend that teachers avoid using.

DO NOT USE	USE
• AIDS victim	PLWA —Person Living With AIDS
• High-risk group	Risky behavior
• Bodily fluids	The HIV virus is found in all body fluids, but the only body fluids implicated in transmission are blood, semen, and vaginal fluid.
• Intimate sexual contact; having sex	Intercourse (anal, vaginal, and oral)
• Condoms as protection	Latex condoms with spermicide, nonoxynol 9
• AIDS carrier	HIV positive or HIV infected
• IV drug use	IDU (injectable drug use)
• Good/bad decisions and behaviors	Healthy/unhealthy decisions and behaviors

RECOMMENDATIONS FOR USING *ESR III*

When planning the implementation of *ESR III* for the classroom, the first step for teachers is to familiarize themselves with the philosophy of HIV education presented in the curriculum guide and in district- and campus-level plans.

The recommended procedure for using *ESR III* is for teachers to:

- read through the introductory section to gain a broad understanding of Texas' overall effort to improve the health of Texas school children
- scan the sample lessons and resources to become familiar with lesson content
- identify any personal weaknesses in preparation for teaching HIV education and initiate plans to strengthen skills and knowledge in those areas
- develop a plan of implementation by consulting with other teachers of all grade levels and building grade-level files. Such plans will contribute to the continuity of students' experiences from grade to grade.
- plan lessons. Based on the characteristics of the class, the materials available, and personal judgment, teachers should select lessons and activities to teach.
- understand that the lessons may have one or more activities that may take varying amounts of time. All activities on a sample lesson page do not need to be completed in one lesson period.
- arrange for any additional materials needed to conduct the lessons
- teach HIV education as an integral part of the regular class
- involve the school librarian in screening and selecting materials

USING OTHER CURRICULAR MATERIALS

ESR III is an HIV education curriculum intended to supplement and enhance the total education of Texas school-age children. The HIV information presented is based on current health research. The facts presented to students throughout the curriculum must be consistent and correct. Some criteria educators should consider when selecting additional HIV education curricular materials include:

- Do the materials clearly supplement the existing curriculum? New curriculum materials should integrate easily into the overall academic program.
- Do the materials begin with early childhood and carry through to high school? HIV education must begin early in a child's life if high-risk behaviors related to HIV transmission are to be avoided.
- Do the materials fit into the comprehensive health program? A comprehensive health program includes health education in the classroom, health services provided by the school nurse, and a healthy school environment.
- Are the materials culturally sensitive? Public schools serve students from

diverse cultures. The variety of student backgrounds and traditions in the classroom must be considered.

- Are the materials founded on valid research? Use only materials and activities that are based on current HIV research.
- Do the materials have current, state-of-the-art information? Out-of-date HIV information resources and materials in the classroom and the library must not be used and should be removed.

EVALUATION

Evaluation is an essential part of any teaching and learning program. The educational process provides students with opportunities to master content, develop thinking skills, master skills needed to perform tasks, and change attitudes and behaviors based on new learning. In comparison, the evaluation process provides educators with opportunities to:

- confirm the hypotheses that served as the basis for the program plans
- examine strengths and weaknesses of the program
- draw conclusions based on the program's strengths and weaknesses
- analyze data that will substantiate future decisions concerning improvements to the program
- make decisions concerning recommended revisions

The ongoing evaluation process should occur at all levels from the classroom to the school campus, the school district, and the Texas Education Agency. Evaluation involves asking critical questions that will supply the data necessary to determine the effectiveness of the learning. The steps involved in the evaluation process include:

1) formulating clearly defined instructional objectives
2) gathering evidence that acknowledges the achievement of the stated objectives
3) analyzing and interpreting the evidence
4) assessing the strengths and weaknesses of the students
5) proposing modifications and improvements to the total program

The *ESR III* evaluation and assessment primarily involves the analysis and assessment of data related to two major areas:

- The *ESR III* curriculum guide
- The attitudes and behaviors of students

The success of any curriculum is dependent, in part, upon the individual teacher who uses it. In an effort to establish teacher usage of *ESR III* and to document teacher perceptions of the guide, an evaluation form is included in Appendix G.

The measurement and evaluation of attitude and behavior changes, unlike an on-going curricular evaluation, involves longitudinal studies. At some undetermined time after the implementation of *ESR III*, HIV prevention attitudes related to behavioral self-responsibility can be assessed through a pretest, post test format. Schools can gather data through self-report, survey instruments as a pre-test. Changes in student behavior and attitudes can then be measured through a post-test.

Adapting *ESR III* for Special Populations

HIV disease is a social problem crossing all lines of race, socioeconomic status, sex, education levels, learning levels, academic abilities, and maturation levels. All students who are capable of learning and understanding must be taught the facts about HIV/AIDS and the skills necessary to avoid the behaviors associated with HIV transmittal. Teachers should teach and students should master these concepts and related objectives in the same way that they teach and master other more conventional concepts and objectives.

The unique needs of students of special populations must be and can be met through the sample lessons and activities in *ESR III.* Many of the lessons are developed through cooperative learning and group processes. Options are offered that present other variations of teaching some lessons. Many of the lessons validate the variety of feelings and ideas of students. An important suggestion to teachers is to present these concepts in the same ways found effective when teaching other topics or subjects to these students, whatever the special needs may be.

Special populations include students who:
- have handicaps
- have academic difficulty
- are bilingual
- possess limited English proficiency
- are from migrant families
- are gifted and talented

A major goal of any education program is to provide all students with opportunities to advance to the full extent of their abilities. The state-required curriculum is designed to ensure a well-balanced single curriculum of instruction for all students regardless of special need or condition. Instruction for students with special needs is based on the same essential elements as is the instruction for general education students.

Special program personnel and regular instructional personnel are jointly responsible for the cooperative delivery of effective instruction. In school district programs for students identified as having special needs, these educators modify the method of instruction, pacing, and materials as necessary to provide these students the opportunity of learning the essential elements.

SPECIAL EDUCATION

Teachers with additional skills and training to maximize the learning of special education students can determine the amount and level of information required by their students. However, it is crucial that all special education students receive HIV education. The students are much more at risk for sexual abuse, exploitation, and molestation; are frequently socially unskilled and isolated; may want to please others; may innocently demonstrate behaviors that may alarm others; and may need highly graphic, concrete examples to learn these concepts.

Teachers can:
- break material down into manageable units
- use concrete examples and make information relevant to students
- teach core vocabulary before beginning a lesson
- move through material slowly
- consider choosing lessons designated for students younger than those they teach when this is appropriate (e.g., this approach might be useful for teaching mentally retarded students but may not be appropriate for a student with cerebral palsy)
- precede these lessons with lessons on human growth, development, and sexuality if students are developing sexually
- use teachable moments to reinforce the concepts throughout the year
- present sex, HIV/AIDS, and drug education at his or her discretion. (Judgements must be based on the appropriate time, the extent of information presented, and the student's ability to comprehend without being overly frightened.)
- include this area in discussions with parents and/or send parent letters about this early in the school year. (See sample parent letter in Appendice E and F)
- recognize that discussing sexuality and HIV/AIDS with special education students requires at least as much sensitivity as discussing the same issues with other students

Among special populations, schools must include students who are high-risk children/youth such as runaways, homeless, homosexuals, bisexuals, hemophiliacs, foster children, HIV-infected, PLWAs, etc. Some of these students have developed harmful coping skills to deal with difficult situations. Some of their difficult situations may surface as teachers begin to address the topics in HIV prevention education. To assist these high-risk youth, teachers must access all the services available in the school, and the school, together with parents, must access all the services offered by the community.

COMPENSATORY EDUCATION

Compensatory instruction is designed for students who are having academic difficulty in English language arts, mathematics, science, and social studies. Other students who may require remedial or compensatory instruction include migrant students, students whose primary language is not English, and prekindergarten or kindergarten children who have been identified as having developmental needs.

Compensatory instruction should extend and reinforce the regular program of instruction. Instruction in HIV education for students in this category should be:

- based on each student's functional instructional level
- modified as necessary to accommodate methodologies, pacing, and materials
- designed to include the essential elements of instruction

Some students in this category may need assistance with a single concept or skill while others may be functioning significantly below the age or grade level of their peers and therefore require more attention. Teachers of students with special needs should:

- identify specific skill needs to ensure that instruction is directed toward specific skill and concept deficits
- identify specific learning modalities and styles
- identify alternate instructional strategies
- compare appropriateness of the material and activities with the student's reading and maturity level

Special remedial and compensatory alternatives are available such as tutorials, special teachers to provide additional time on task, reading improvement courses, locally developed study skills courses, coaching, summer school, and counseling. The regular teacher and any other teacher who provides remedial or compensatory instruction in addition to regular classroom instruction should plan and coordinate instructional activities using a team approach. Instructional personnel should also have training in teaching HIV education. Regular instructional personnel and special personnel involved in the compensatory education program should work together to apply the same principles in HIV instruction as in other teaching. To be effective, the educators will:

- determine each student's instructional level and identify specific skill needs
- jointly design and implement lesson plans
- adapt or modify instruction based on continuous assessment of student progress

- use small-group instruction for students with the same skill needs
- limit independent activities to shorter periods of time
- ensure close monitoring of practice activities to prevent repetition of misunderstandings
- use concrete activities to teach skills and concepts
- use cross-age tutors, adult tutors, and peer tutors for one-on-one reinforcement
- arrange for adult coaches who can serve as mentors

BILINGUAL EDUCATION

To ensure that the goals of *ESR III* are met for limited English proficient (LEP) students, administrators and teachers must design a program equivalent to the program provided for native speakers. LEP students must have the opportunity to learn and use materials that develop expanded meanings of language, build vocabulary, and teach word recognition and comprehension techniques. To prevent feelings of isolation and low self-esteem that may result from a lack of proficiency in English, students should also be given frequent opportunities to participate in HIV education activities provided at the school and in the community. These activities can lead the students to experience success and consequently to improve their self-esteem and physical health and well-being.

Teachers who are certified as bilingual or English as a Second Language (ESL) instructors can team with personnel on emergency teaching permits to develop supplementary programs for LEP students. Parent volunteers and paraprofessionals can work with regular instructional personnel cooperatively to deliver the needed programs.

While modification of the instructional program involves changing the language in which the content is conveyed, the scope of the curriculum should remain the same. In an ESL program, the sequence in which the essential elements are presented can be modified to accommodate students' progress in acquiring English language skills. Emphasis on oral and visual stimuli aids students in grasping the concepts that English-speaking students develop by writing.

More specifically, the teacher can help students build card files and glossaries on HIV vocabulary, present the same information through a variety of different charts and visuals, encourage students to underline key words and important facts in their written assignments, and encourage categorizing of HIV words and information into meaningful groups. Teachers can also pair students for team learning.

In an ESL program, pacing modifications should be based on vocabulary concept development; in a bilingual program, dual language instruction enables teachers to use a process approach to the content area. Additionally, teachers can explain special vocabulary terms in the students' native language; write instructions using short, simple sentences; limit the number of problems that must be worked; record activities for independent listening assignments; de-emphasize speed and emphasize accuracy of work; ask open-ended questions to allow practice in thinking and speaking; and assign homework tasks that require a short reading time. Teachers also need to remember that the students' parents or families may not speak English or have few materials at home to support learning activities.

It is important that student materials, whether they are state-adopted textbooks in Spanish, teacher-made lessons, or district-developed aids to instruction, be modified to meet the students' academic needs. The teacher can modify student materials and activities by:

- providing pictures to illustrate new words
- offering a variety of reference materials at the students' instructional levels for independent work
- using a variety of activities from lower grade levels such as games to be played by pairs of students or small groups
- maintaining a library of supplementary books and workbooks written in simple English
- using diagrams and drawings to identify concepts and relationships
- providing films, records, filmstrips, and videotapes to be used independently or in small groups

MIGRANT STUDENTS

Effective teaching of migrant students is a challenge for many districts and individual schools. Thorough, careful analysis and diagnosis are needed to determine if migrant needs are due to lack of experience, lack of time on task, or need for remediation. An accurate assessment is essential in order to adapt the content of the curriculum, methods of instruction, and the direction of HIV education to meet migrant students' needs.

Migrant students are often limited in English proficiency, require compensatory and remedial assistance, and need enrichment activities to be challenged adequately. Sometimes, these students also attend school part-time, from six to seven months, or they may attend school for the full year. In either situation, gaps in their education are usually apparent.

Teachers can extract vital educational information concerning individual migrant students from the Migrant Student Record Transfer System (MSRTS) which reports credits earned in courses and partial work completed. If migrant counselors are available, they can assist teachers in planning instructional programs for migrant students. Continuity of instruction and provision of intensive remediation are two important ways in which teachers can provide an opportunity for migrant students to learn the essential elements of instruction. School districts can share information by using a checklist indicating which essential elements have been taught, which need to be reinforced, and which require further instruction.

The following list suggests ways that teachers can modify *ESR III* for migrant students:

- Assess the students' instructional levels through informal testing.
- Select and highlight the most important activities that help explain and give vocabulary to the essential elements.
- Prepare brief outlines of units to be studied and highlight important topics related to HIV education.
- Build independent units for elementary students that can be rearranged as needed to cover areas that the students have not been taught.
- Establish a buddy system for recording and reporting data and for completing assignments.
- Provide migrant students with oral tests and/or tape-recorded lessons when appropriate.
- Use a group language experience approach for oral language development.
- Allow the students to bring their own culture into the classroom by incorporating it into the content of the course.
- Capitalize on students' experiences of travel, work, and different family structures.
- Provide mentors for gifted migrant students who show ability and interest in a certain field, especially in health-related careers.
- Assign homework and course projects that are relevant to the migrant student.
- Allow opportunities for independent work that can be completed through prepared independent units of study.
- Use tutors to supplement instruction; keep student/teacher, aide, or peer ratio low.
- Establish extra classes in the evening, on weekends, and during the summer.
- Provide computer-assisted instruction for remedial and enrichment purposes.
- Assess facets of the students' migrant experience that can help them grasp and master certain essential elements.
- Modify textbook and other reading passages to an appropriate reading level.
- Make use of high-interest, low-reading level materials.

Educators may also use suggestions from the Compensatory Education, Bilingual Education, and Gifted and Talented Education sections of this curriculum guide to plan an effective instructional program for migrant students.

GIFTED AND TALENTED STUDENTS

An understanding of the needs and characteristics of gifted and talented students is the first step in adapting the *ESR III* curriculum guide for these students. Programs for gifted students modify or differentiate the curriculum used in the standard classroom regardless of content area. This does not imply that the curriculum is different, but rather that it accelerates, expands, or enriches the regular curriculum to suit the needs of the gifted learner. This is in keeping with Title 19, Chapter 75 of the Texas Administrative Code, which suggests that districts use these techniques when modifying the curriculum for gifted students.

Differentiation of the curriculum takes place in four areas. A differentiated curriculum contains in-depth content studies that are joined with sophisticated process skill development to result in sophisticated product development.

Differentiation of the HIV education curriculum can be effective in every subject or course area and at all grade levels. Gifted students should first be involved at the knowledge level. The importance of establishing a lifetime of healthy behavior habits can be taught through direct instruction and through films, books, pamphlets, periodicals, and resource individuals. At the appropriate time, administrators and teachers can accelerate, expand, and enrich the program by including activities that encourage students to:

- apply critical thinking and analysis skills to writing questions related to HIV disease
- sharpen creative thinking and communication skills by creating plays, poems, ads, slogans, posters, stories, and books for HIV education strategies and activities
- apply knowledge of HIV education by preparing brainteasers and puzzles to be used in a puzzle book for other students
- plan and present an assembly about HIV disease using songs, skits, poems, and choral readings that they have developed
- increase research skills by having students choose a topic related to HIV, state a thesis, conduct research, and then present findings in the form of a creative display or product
- develop leadership skills by planning and producing an HIV education campaign or assembly for preschool or elementary children
- develop an independent study project focusing on a topic related to HIV disease

Other modified or differentiated activities for gifted students can include:

- designing and setting up a learning center related to communicable diseases education, including HIV
- planning, scheduling, and providing follow-up activities for an in-class presentation by a physician, public health official, HIV education specialist, or other resource person
- publishing a school newsletter on health education, including HIV updates

MULTICULTURAL SENSITIVITY

Students of all communities and cultures have the right to and the need for education to prevent communicable diseases including HIV. Students' cultural diversity represents another challenge in the presentation of effective HIV education. Educators should also remember that cultural diversity exists within individual cultures in our country. Teachers should present *only as background information* the fact that HIV and other communicable diseases are over-represented in the Hispanic and the Black urban communities. Rather than focusing on differences that can quickly generate into stereotypes, teachers are encouraged to look at all their students and to consider and not violate the following characteristics:

- the religious beliefs/religious backgrounds
- the family values/traditions
- the family structure
- the family's socio-economic level
- the views/beliefs concerning women, children, and males
- prior sexual experiences
- attitudes involving health, sex, and family

These dimensions could be applicable to any student and dictate the need for teachers to be sensitive to the backgrounds and value systems of all students. Teachers must focus on factual information and on healthy behaviors. They must use teaching strategies that encourage students to examine and communicate their own beliefs and values. They must avoid damaging stereotypical thinking and unfounded biases whatever the cultural background of the student. See Appendix E.

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADE 4

Texas Education Agency

ESR III

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify and explore personal strengths and weaknesses that make individuals unique.

ACTIVITIES & STRATEGIES

Ask each student to draw a flag on construction paper. Draw one on the board for illustration. One of the sections of the flag can illustrate a personal achievement, a fine art, a sport, or an academic subject.

Choose six of the following eight questions. Read the questions aloud and write them on the board or on the overhead transparency. Ask the students to answer each question by drawing a picture, a design, or a symbol in the appropriate area of the flag.
- What do you think is your greatest personal achievement to date?
- What do you like the most about your family?
- What do you value most in life?
- What are three things you are good at?
- What is one thing you would like to improve about yourself?
- What would you most like to be remembered for?

After the students have completed the drawings, ask them to form small groups to share their drawings. Post the drawings on a bulletin board.

Conclude the lesson with a discussion using the following questions:
- What was it like to tell others about your strengths and weaknesses.
- What did you learn about yourself?
- What will you have to do to make sure that people remember you in a manner that you want them to?
- What were the similarities and/or differences in each student's flags?

RESOURCES & MATERIALS

Crayons, construction paper
Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify daily practices that promote self-concept.

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy responses to emotions and feelings.

ACTIVITIES & STRATEGIES

Discuss and list on the chalkboard emotions or feelings that students have experienced. Ask if adults may have experienced these same feelings. Remind students that emotions are okay—it is how we behave in response that can be unhealthy. Talk about healthy or unhealthy ways to handle emotions.

Ask students to respond with a thumbs up for a healthy response, a thumbs down for unhealthy, and a horizontal thumb if it could be either one. After each unhealthy and "iffy," horizontal response, talk about a healthy response. Sometimes a more definitive response or follow-up action is necessary. Help students suggest follow-up actions—i.e., feeling lonely because of lack of friends, be friendly to classmates you like, join a youth club, sign up for a sports team, etc.

Responses to feelings could include:
- hitting when angry
- making fun of a girl's shoes if you don't like her
- telling a friend that your feelings are hurt
- feeling scared of a teacher
- feeling funny about being tickled by a relative
- tripping someone to get even
- feeling afraid of being home alone after school
- feeling confused because your friend is cheating on a test
- quitting the softball team because you dropped the ball that caused the team to lose
- feeling sorry for a boy who is being teased
- crying when a pet dies
- being afraid of catching AIDS
- worrying about a school report and not starting to work on it
- calling someone a name because you're angry
- feeling shy or timid and never answering questions in class

Write on the chalkboard: "Feelings are okay. It's how the feeling makes us behave that could be healthy or unhealthy."

RESOURCES & MATERIALS

Chalkboard

Book suggestion:
Smiling At Yourself, Mendler, A. N., Network Publications, 1990

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote habits of rest, sleep, posture, and exercise; and self-concept.

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

List and share positive personal attributes and skills.

ACTIVITIES & STRATEGIES

Discuss self-esteem or liking oneself.

Give each student the worksheet, "About Me." Have the students, working in pairs, describe or draw the activities they are good in or characteristics they like about themselves.

Ask for volunteers to share their ideas with the class. Help students realize they are skilled in many ways, that they are capable of learning and growing, that they can make positive choices about their health and their actions, and that they have the right to refuse to take part in unhealthy or harmful activities.

RESOURCES & MATERIALS

Worksheet: "About Me"

Book suggestion:
Stick Up for Yourself, Kaufman, Gershen
Discovering Self-Confidence, Kramer, Patricia M.

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote habits of rest, sleep, posture, and exercise; and self-concept.

NAME________________________________ DATE____________________

ABOUT ME

I'm good at...	I'm learning to...
I would like to...	I will not...

LESSON OBJECTIVE

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults—i.e., family, school personnel, health professionals, etc.

ASSESSMENT CRITERION

Formulate questions on communicable diseases; access resources for answers.

ACTIVITIES & STRATEGIES

Ask: "If you have questions, where do you get answers?" Write responses on the chalkboard or on an overhead. Ask: "What if you have questions about communicable diseases?" "What do we mean by *communicable* disease?" (a disease that can be transmitted from a person who has it to another person) "What are some *communicable* diseases?" (List some like flu, colds, impetigo, pink eye, measles, chicken pox, mumps, head lice, scarlet fever, whooping cough, etc.) "If we have questions about communicable diseases, whom can we ask?" (Add additional names to the list.) Suggest parents if students do not. If some students have parents who have chosen health-related professions, list these names under "Resources" on the chalkboard or overhead transparency.

Say: "Today we'll talk about important facts concerning diseases that people can contract from other people. We'll write questions and take these questions to people who may have answers." Ask: "What if a grown-up does not have the answers? Where can we go for answers?" (books, other adults, free long-distance telephone lines for special information, etc.)

Have pairs of students formulate and write questions. Collect all questions without identifying the pairs that wrote them. Read the questions aloud; clarify and reformulate, if necessary. Write the questions on the worksheet. Ask for volunteers to take questions (two or three) to adults for answers.

Have students report to the class with answers and sources/ persons who provided the answers.

Conclusion: Complete the sentence, "If I have questions about a communicable disease, I will..."

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

Be sensitive to the students' responses, reading levels, and lack of success in accessing some suggested sources. Parents and other adults may need to offer assistance with the telephone calls.

Worksheets (cut on dotted lines)

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided with opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Students are learning to go to knowledgeable adults and also to books for answers. Please help this student find answer(s) to the following questions:

Students are learning to go to knowledgeable adults and also to books for answers. Please help this student find answer(s) to the following questions:

Students are learning to go to knowledgeable adults and also to books for answers. Please help this student find answer(s) to the following questions:

Health **Grade 4**

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-3. Describe school policies and procedures regarding injuries, illness, and diseases.

ASSESSMENT CRITERION

Describe two school policies or procedures regarding injuries, illness, and disease.

ACTIVITIES & STRATEGIES

Ask students to name some illnesses or diseases that children their age might contract and some injuries that children their age might sustain. List these on an overhead transparency.

Ask: "Are some of these diseases communicable?" (What does *communicable* mean?) "What if a student becomes sick at school with a communicable disease. Who decides what will be done?" (the school nurse)

Explain that the school nurse has completed special training to care for students who are ill or injured. "She also has special policies and procedures written down that help her decide what to do—that is, she has rules and special instructions for taking care of students."

Plan to have the school nurse talk to the class about policies and procedures on specific illnesses and common school injuries.

Or, if that is not possible, have students discuss and write questions to ask the nurse in her office. Work with the students on framing the questions. Some examples are the following:

- What do you do if someone has a broken bone?
- What are some communicable diseases you have observed in children?
- Is (specific illness) communicable?
- When can someone come back to school with (specific communicable disease)?
- Do you wear gloves when you take care of an injury? Why?
- What do you do when someone sick comes to the clinic? Why?
- When would you call emergency services?

In conclusion, summarize some of the answers. Also, ask if some of the students would like to become nurses; remind them that both men and women can be nurses.

RESOURCES & MATERIALS

Overhead projector and transparency

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to recognize scope of services provided by community health agencies.

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Describe rationale for immunization programs.

ACTIVITIES & STRATEGIES

Have students check with their parents and the school nurse for their immunization records.

Pass out blank immunization forms.

Ask students to fill in the squares with the month and year they received each immunization.

Students may calculate the age at which they received each immunization.

Define immunization as treatment (usually injection) that causes the body to make antibodies to protect the person from a specific disease. Generate a discussion about each of the diseases they have been protected from and what effects the diseases can have on individuals who contract them.

Discuss the development of new immunizations such as Hib for spinal meningitis and flu shots.

Are there some communicable diseases for which we do not have immunizations at present? (HIV, chicken pox)

Contact the local county health agency for personal immunization records.

Note: Use your school nurse or teacher as a resource for this lesson.

Option:
If records for a student are not available, develop a record for a fictitious person who is current on immunizations and let the student use the fictitious record.

RESOURCES & MATERIALS

Immunization records from county health department or school clinic

Blank immunization form

Teacher Tip

Assure students that health professionals always use clean needles for immunizations. Discuss the reason for this.

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

NAME____________________________________ **DATE**_______________________

Type of Vaccine	1st Dose Month/Year	2nd Dose Month/Year	3rd Dose Month/Year	4th Dose Month/Year	Booster Month/Year	Booster Month/Year
DTP/DT						
Polio						
Measles						
Rubella						
Mumps						
Hib						

LESSON OBJECTIVES

I.B-11. Describe the methods of preventing, treating, and controlling diseases.
III.A-1. Access factual information on some communicable diseases.

ASSESSMENT CRITERION

Identify factual information on communicable diseases.

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask: "What does *communicable* mean? What does *communicable disease* mean?"

Ask students to name some diseases that can be transmitted from one person to another. Include those that are most familiar—i.e., colds, flu, chicken pox, measles, mumps, etc. Discuss the ways in which these are transmitted. Use the Glossary and a dictionary for information, if necessary.

Ask students to work in pairs to determine if statements on the worksheet, "Can I Catch That?" (or an overhead transparency), are true or false.

RESOURCES & MATERIALS

Worksheet: "Can I Catch That?" or an overhead projector and transparency

Answer Key for worksheet," Can I Catch That?"

1	False	9	False
2	True	10	True
3	True	11	False
4	True	12	True
5	True	13	True
6	False	14	True
7	True	15	False
8	True	16	True

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

NAME_________________________________ **DATE**____________________

CAN I CATCH THAT?

Instructions: Answer true or false to the following statements.

_____ 1. Avoiding communicable diseases is not possible.

_____ 2. The cold is a communicable disease.

_____ 3. Pink eye is very contagious.

_____ 4. Good health habits will help protect a person from a communicable disease.

_____ 5. Vaccine (or a preparation that helps protect one from a disease) is available for some communicable diseases.

_____ 6. Immunity means you are more likely to get a disease.

_____ 7. Epilepsy is not a communicable disease.

_____ 8. Communicable diseases are transmitted by germs.

_____ 9. Sickle cell anemia is a communicable disease.

_____ 10. Many communicable diseases are spread by casual contact.

_____ 11. Casual contact does not include touching and sneezing.

_____ 12. Washing hands is an important habit that helps stop the spread of communicable diseases.

_____ 13. Babies should receive vaccines (or shots) to protect them from some diseases.

_____ 14. Putting used tissues into the wastebasket is important to stop the spread of colds.

_____ 15. Athlete's foot is not a communicable disease.

_____ 16. Head lice can be caught if the comb of an infected person is shared.

LESSON OBJECTIVE

I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

Practice good health habits to minimize the spread of disease.

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Review the differences between communicable and noncommunicable diseases.

Review the proper procedure for washing hands. Explain the procedure first. Then, as a group, pantomime the proper procedure. Discuss with students when hands should be washed.

Demonstration of how germs are spread:
- Place a small amount of vegetable oil into the palm of each student's hand. Spread salt and pepper across the palm to represent germs.
- Have students try to wash the oil and pepper and salt off their hands with cold water.
- Review the concept that warm water and soap is the best method to use to clean hands.

Discuss with students other good health habits that can be practiced to help prevent the spread of communicable disease and infection. Include:
- covering your mouth when coughing or sneezing
- washing your hands after covering your mouth when coughing or sneezing
- staying at home when you are sick
- not sharing eating utensils or food
- taking proper care of injuries
- making proper disposal of used tissues
- avoiding contact with another person's blood

Conclude with an open-ended sentence for each student to complete: "Two good health habits I will practice to avoid spreading disease are . . ."

RESOURCES & MATERIALS

Vegetable oil, pepper, salt, paper towels, cold and warm water, hand soap

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ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

LESSON OBJECTIVES

I.A-3. Identify differences between some communicable and noncommunicable diseases.
I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.

ASSESSMENT CRITERION

Differentiate between transmission of HIV and colds.

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Write the words *HIV* and *colds* on the board. Draw a vertical line between the words. Explain the terms, writing brief facts on the board under each. See Teacher Resource, "HIV vs. Colds Fact Sheet."

Ask the students to act out three different scenes, after which the class will decide whether or not HIV and the cold virus can be transmitted in the way illustrated. See Teacher Resource, "HIV vs. Colds Role-Play Scenarios." Tell the class that in each scene the students are pretending to have both viruses.

After each scene, ask the class to report the various behaviors they observed. Next ask the students, "Can HIV be transmitted this way? Can colds be transmitted this way?" Instead of verbally stating "yes" or "no," the students will raise both arms up straight in the air to indicate "yes." To indicate "no" the students will cross both hands and place them over their mouths. As students give correct responses, ask a volunteer to write the responses on the board under each category, HIV or colds. Clarify the answers.

Continue the discussion by asking the students, "It said that HIV is hard to catch. What does this mean?" (HIV is not spread through casual contact as a cold is. A cold is not hard to catch. HIV is not spread through saliva, sweat, or tears.)

Conclude by asking the students to fill out the worksheet, "Transmission of HIV vs. Colds," using the facts written on the board.

Option:
Students can take this information home and discuss it with an adult. The following day, a review of the lesson can include the results of this discussion.

RESOURCES & MATERIALS

Teacher Resource: "HIV vs. Colds Role-Play Scenarios"
Teacher Resource: "HIV vs. Colds Fact Sheet"

Teacher Tip

This activity can serve an important purpose if rumors are circulating about an HIV-infected student or employee. It is also important for administration to respond to the school rumors.

Teacher Tip

In response to the question, "What is sexual intercourse?", an age-appropriate definition is "when the man's penis is in the female's vagina." Each teacher will need to check the district's policy on answering this type of question in class or on a one-to-one basis.

Worksheet: "Transmission of HIV vs. Colds"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

NAME______________________________ DATE____________________

Transmission of HIV vs. Colds

HIV	COLDS

HIV vs. COLDS
Role-Play Scenarios

Scene One: Sit down with two students and draw pictures with them. Exchange crayons with them. Pretend to sneeze, cough, and touch the children. Now ask the students, "What behaviors did you observe? Can colds be transmitted this way? Can HIV be transmitted this way?"

Scene Two: Sit down with two other students and pretend to eat. Then trade spoons and forks with them and pretend to eat. Follow the same procedures as used in Scene One above to reinforce correct information. (Colds can be transmitted by utensils, HIV cannot.)

Scene Three: Sit down with the students and pretend to be with friends at a slumber party. One of the girls admires a friend's earrings. Another friend decides that it would be fun to pierce other girls' ears. Pretend to pierce three girls' ears, using the same unsterile needle. As in the other scenes, ask, "Can a cold be transmitted this way? Can HIV be transmitted this way?"

Other options:
Write out the words, show pictures, or pantomime: desks, gym floors, swimming pools, and door knobs. Have the students guess whether or not one can catch HIV or the cold virus through contact with these. (Yes, colds; No, HIV.)

HIV vs. COLDS
Fact Sheet

A cold is a communicable disease that is easily passed from one person to another through the air and casual contact such as sneezing, coughing, and handshaking. A cold is a respiratory infection caused by a virus.

AIDS is a communicable disease that is not easily passed from one person to another. It is caused by a virus called HIV (Human Immunodeficiency Virus). It cannot be passed to another person by sharing pizza, using public toilet seats, and sitting in a classroom.

Explain that the immune system is a part of our body that keeps the body disease free by fighting germs, like the HIV. HIV begins to destroy our immune system, although it may take years for this to happen. Many people who are infected with the HIV appear healthy for a long time, sometimes years, but most persons eventually develop AIDS and die. The disease AIDS destroys the white blood cells in our body that fight infection. These white cells are part of our immune system. They make antibodies to fight invading viruses and bacteria.

HIV is transmitted:
- through sharing blood with an infected person (as in injectable drugs)
- through sexual intercourse with an infected person
- from an infected mother to her baby during pregnancy, birth, or nursing

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-10. Describe methods of transmission of communicable diseases and of HIV.

ASSESSMENT CRITERION

List ways HIV is and is not spread from one person to another.

ACTIVITIES & STRATEGIES

Discussion: What is AIDS?
AIDS is a disease that can make a person very sick.

How do people get AIDS?
AIDS is caused by a certain kind of germ. At this time, there are no medicines to cure AIDS. AIDS can be passed from person to person, but not as easily as colds or the flu. AIDS can't be passed by: coughing, sneezing, sharing toys, touching skin, sharing pencils, mosquitoes, sitting next to a person. It is very rare for small children to get AIDS. If someone we know has the AIDS germ in their body, we don't need to be afraid to be around them. A person with AIDS could be very sick a lot of the time. They need to be visited and cared about just like they were when they were healthy.

Role-playing:
With a student, act out situations that illustrate ways HIV can't be spread from one person to another. (Examples: sitting next to a person, sharing pens or locker, homework sessions, playing Nintendo games.)

Draw a picture illustrating "Hey, HIV is not spread by..."

Option:
Pass out an additional copy of the worksheet to each student. Ask the students to take this worksheet home to discuss with an adult.

RESOURCES & MATERIALS

Worksheet: "How HIV is Spread/Not Spread"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

Facts:

AIDS is caused by a type of germ called a virus.

The virus that causes AIDS is causing some persons to get very sick and die.

The virus that causes AIDS is very hard to catch, unlike flu and chicken pox viruses.

You can't catch the AIDS virus by sharing toys, from a kiss, clothes, telephone, or a toilet.

AIDS is a fragile virus.

HIV is transmitted:

- through sharing blood with an infected person (as in injectable drugs)
- through sexual intercourse with an infected person
- from an infected mother to her baby during pregnancy, birth, or nursing

While still outside the human body, it can be destroyed by most antiseptics or disinfectants. People infected with this virus may not even know that they are infected by this virus, but still can pass on the virus to other people. People who think they may have this virus can go to a doctor to find out what they can do.

NAME______________________________ DATE____________________

How HIV Is Spread

1.

2.

3.

4.

How HIV Is Not Spread

1.

2.

3.

4.

The most important fact concerning HIV/AIDS that I learned today is:

Health **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.C-2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.

II.B-4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Identify community health resources for information and help.

ACTIVITIES & STRATEGIES

The class will create a booklet of health resources. Ask students to identify persons who can help them in the:
- home
- school
- community
- religious organization

Homework assignment: "Discuss with your family who can help you if you become ill at school or at home."

Ask the students to discuss the results of their homework assignment and to list the resources. As a group activity, ask the students to note all the different persons that their classmates have identified as resources.

Divide the class into four groups. Assign one of the settings to each group. Ask each group to develop a list of community resources available for persons in each setting. (Remind students of telephone hotlines and ways to secure those numbers.) Combine all sources into a booklet of health resources. Copies can be placed in the classroom, library, nurse's office, and counselor's office.

Option:
Have the students send out invitations to visit the classroom to specific persons identified as providers of services.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to recognize scope of services provided by community health agencies.

Language Arts **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-6. Develop effective study and work skills.

ASSESSMENT CRITERION

Identify and practice healthy choices in spending time.

ACTIVITIES & STRATEGIES

Divide the class into small groups of three to five students. Hand out copies of the worksheet, "Spending Time." Tell the students to think about how they would ideally spend time after school. Ask them to circle three favorite combinations of activities on the worksheet, then rank them in one, two, three order. Next, share with their groups the reasons for their choices and when they were last able to arrange their spare time like their Number 1 choices.

Ask students to look at their first choices and consider what their lives would be like if they spent all their free time after school, day in and day out, engaged in these activities. Some students will discover that they would become bored by limiting themselves only to their Number 1 choices. Point out that patterns can change and what appears on the surface to be a good choice at the moment may not be good in the long run.

Allow students to write in their own choices for spending free time on the worksheets. Ask volunteers to share with the class.

Conclusion: Ask each student to write three paragraphs to persuade the reader that his or her first choice is the best choice.

RESOURCES & MATERIALS

Worksheet: "Spending Time"

ESSENTIAL ELEMENT

English language arts. Writing. Developing skills in writing effectively for a variety of purposes, modes, and audiences. The student shall be provided opportunities to present a set of reasons intended to persuade.

NAME________________________________ **DATE**____________________

Spending Time

Directions: Some people say, "Time is like money; it is never free." How would you spend three free hours of after-school time? Consider the following list. Add two more combinations of activities that you think would be good ways to spend three hours after school. Circle the three numbers that best describe what you would like to do with your spare time.

1. One hour free time, two hours playing ball.

2. Three hours riding a bike.

3. Two hours with friends, one hour watching TV.

4. Three hours watching TV.

5. One hour of homework, two hours playing with a friend.

6. One hour with a friend, one hour watching TV, and one hour bike riding.

7. One hour reading a book, one hour watching TV, and one hour with Mom or Dad.

8. One hour raking leaves, one hour reading, and one hour playing.

9. One hour helping around the house, one hour playing games, and one hour at a lesson (music, sport, etc.).

10. One hour playing, one hour with parent(s), and one hour homework.

11.____

____

12.____

____

Mathematics **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Tell important factors to consider when making an important decision.

ACTIVITIES & STRATEGIES

Discuss decisions students make everyday. Ask if some decisions are made for them or with someone. Remind them that as they become older they will make more decisions on their own.

Have students complete the math worksheet, "Before I Decide..."

Remind students that they can learn to make good decisions if they think about the consequences. Tell them they have now learned an important skill in the decision-making process.

RESOURCES & MATERIALS

Worksheet: "Before I Decide..."

Book suggestions:
Responsibility. Johnson, Linda C.
Am I in Trouble?, Curwin, R. L. and Mendler, A. N., 1990

Answer Key for worksheet, "Before I Decide:"

healthy, one my parent would approve, someone else, rules or law.

ESSENTIAL ELEMENT

Mathematics. Operations and computation. The student shall be provided opportunities to solve problems involving addition, subtraction, and multiplication of large numbers using calculators.

NAME______________________________ **DATE**____________________

BEFORE I DECIDE

To complete the hidden messages below, solve the addition, subtraction, multiplication, and division problems.

Before I decide, I should ask myself…

- is the behavior ___ ___ ___ ___ ___ ___ ___?
  13 21 56 9 41 13 20
- is the behavior ___ ___ ___   ___ ___
  23 4 21   36 20

  ___ ___ ___ ___ ___ ___   ___ ___ ___ ___ ___
  2 56 32 21 4 41   60 23 6 9 3

  ___ ___ ___ ___ ___ ___ ___?
  56 2 2 32 23 96 21
- will it hurt ___ ___ ___ ___ ___ ___ ___
  5 23 36 21 23 4 21

  ___ ___ ___ ___?
  21 9 5 21
- is it against the ___ ___ ___ ___ ___   ___ ___
  32 6 9 21 5   23 32

  ___ ___ ___?
  9 56 60

A: 8 x 7
D: 10 - 7
E: 21 ÷ 1
H: 21 - 8
L: 15 - 6
M: 12 x 3

N: 20 ÷ 5
O: 14 + 9
P: 6 - 4
R: 4 x 8
S: 15 ÷ 3

T: 23 + 18
U: 12 - 6
V: 12 x 8
W: 20 x 3
Y: 4 + 16

105

Mathematics Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-8. Describe symptoms of some communicable diseases.

ASSESSMENT CRITERION

Demonstrate how to read a thermometer on a model.

ACTIVITIES & STRATEGIES

Ask students to recall an illness they may have had. Write the word *symptom* on the chalkboard or on an overhead transparency. Ask students for a definition; use dictionaries, if necessary. Talk about symptoms they remember as part of an illness or disease.

Talk about a higher than normal body temperature as a symptom. A higher than normal temperature is one sign that the body is fighting an infection. Write 98.6 as the normal body temperature on the chalkboard. Use the Teacher Resource for a transparency to help students understand what 98.6 degrees means and how a model of a thermometer is marked.

Ask students to identify the chemical element in a real thermometer. (mercury) Are there other ways to take body temperature? (a patch, usually used with babies and little children) How long must a thermometer be in place to show the correct temperature? (Seems like a long time under your tongue, but it is just_____________ .)

Mark several additional readings on the transparency as you teach this skill. Also, ask a volunteer or two to mark temperature readings as you request them.

Have students use worksheets to mark the temperature indicated. For further practice, have students use worksheets to mark other temperatures you call out.

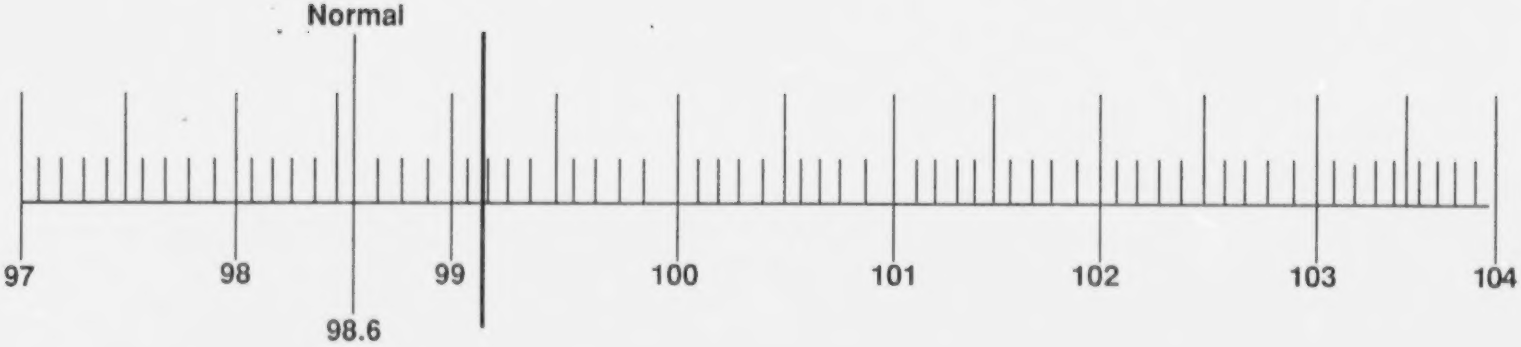
RESOURCES & MATERIALS

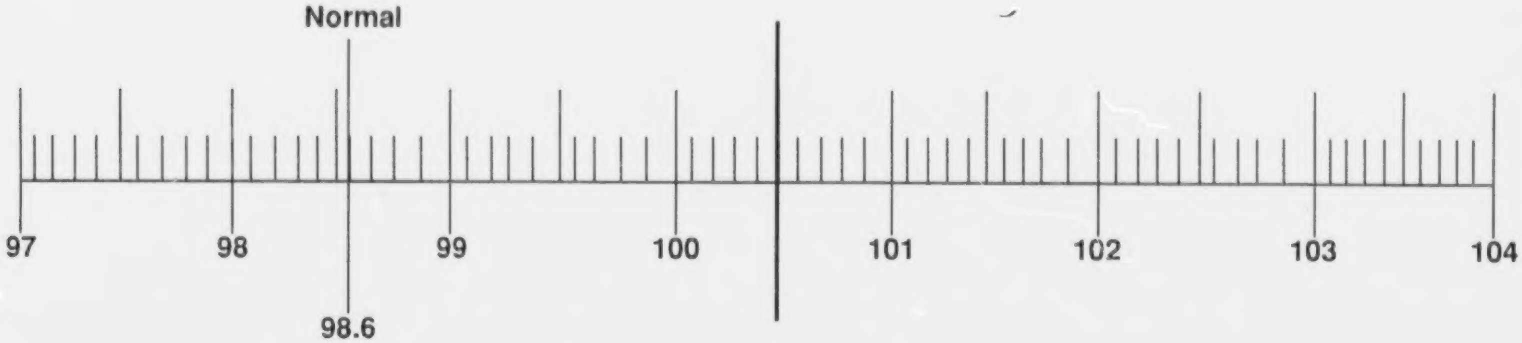
Chalkboard or overhead projector and transparency

Worksheet: "Reading Thermometers"
Teacher Resource

ESSENTIAL ELEMENT

Mathematics. The representation of numbers on a line and pairs numbered on a coordinated plane. The student shall be provided opportunities to draw number lines with fractions and decimals.


Normal
97
98
99
100
101
102
103
104
98.6


Normal
97
98
99
100
101
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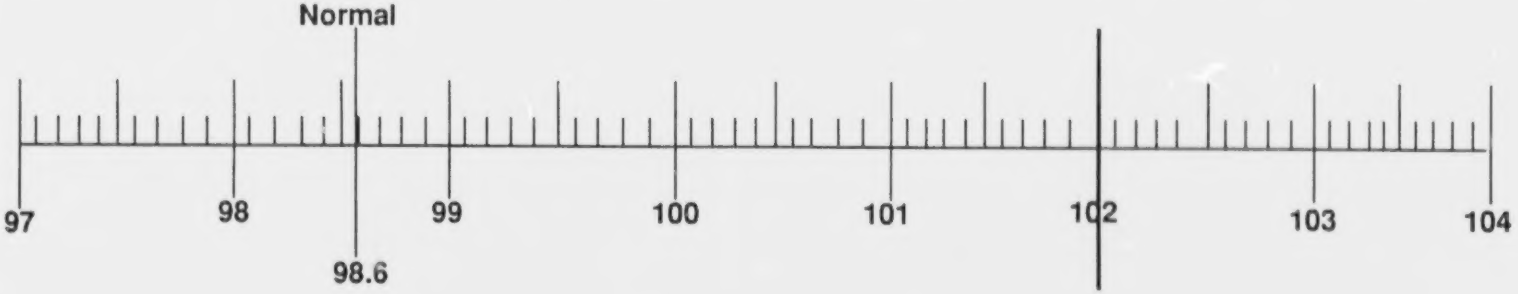
103
104
98.6


Normal
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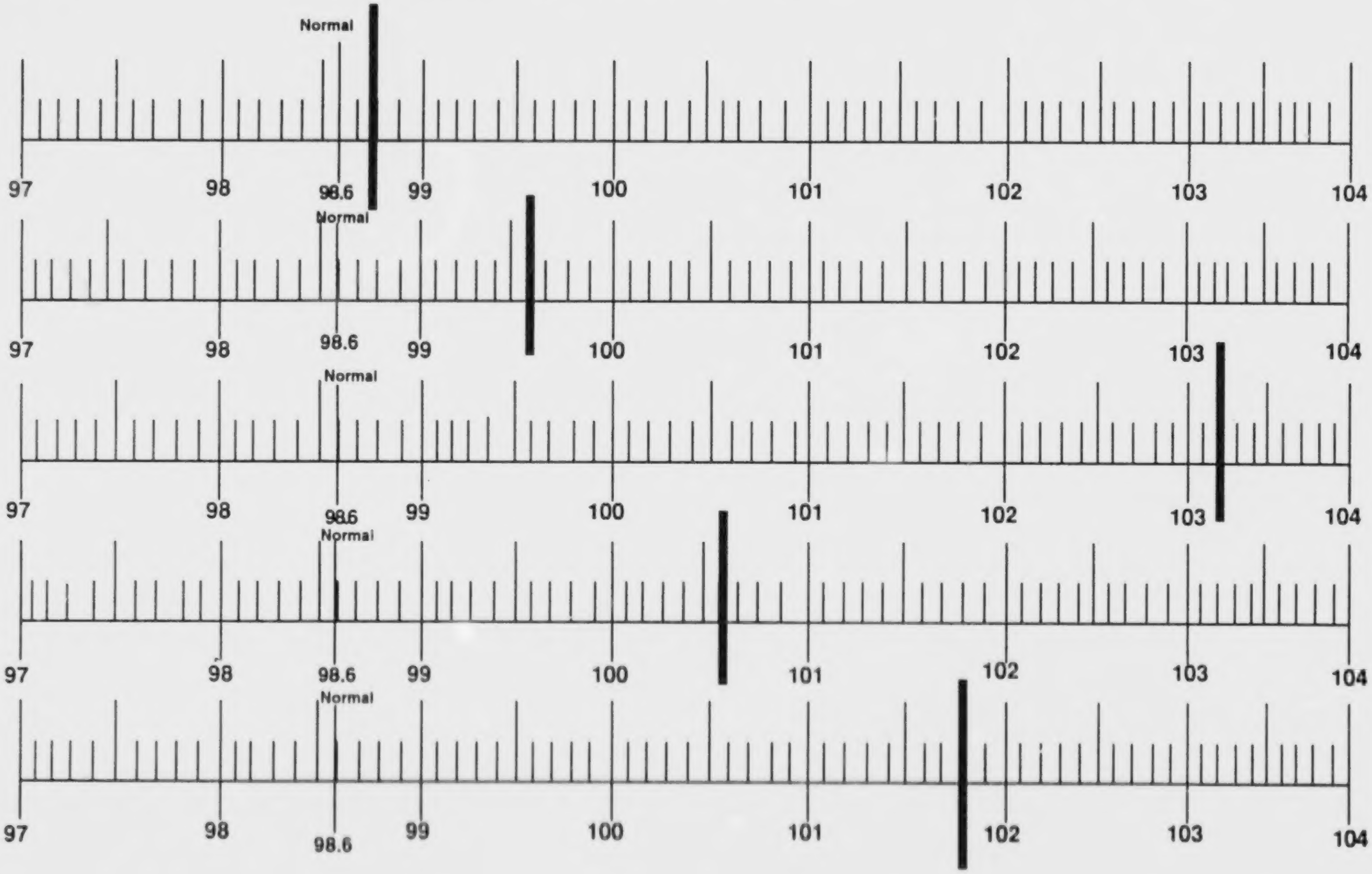
103
104
98.6

Name ____________________ Date ____________________

Reading Thermometers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104

Mathematics **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5a. Set and pursue appropriate short-term goals.

ASSESSMENT CRITERION

Name healthy ways to spend unstructured time.

ACTIVITIES & STRATEGIES

Encourage students to identify and utilize unstructured time in healthy, growth-producing ways. Talk about the ways students spend their time. You may want to put the structured periods of school time on the chalkboard. Add time sleeping (9-10 hours a night); eating breakfast and dinner; bathing/hygiene; chores; homework; getting ready for bed/school; etc. Write the estimated hours of "free" time left during a school day.

Ask: "How could you spend this time? What could you do that is fun and healthy?" (List answers; add your ideas.)

Figure weekend time; add worship time to structured time. Ask students to suggest "fun, healthy ways" to spend weekend free time. List suggestions. Add your own ideas. Help students realize that this time can be time to make new friends, learn new skills, participate in healthy activities/sports/exercise, etc.

Open-ended sentences for each student to complete:
In my free time I like to...
Something new I would like to do in my free time..

RESOURCES & MATERIALS

Worksheet: "Twenty-four Hours A Day"

Chalkboard

Teacher Tip

You may have to research the availability of free time activities for children in school/community especially if you live in another area—i.e., recreation center, youth clubs, skating rink, park, team sports, library, music lessons, bike trails, movies, etc. If wholesome activities are not available, schools and parents may want to problem solve together on this need.

ESSENTIAL ELEMENT

Mathematics. The basic operations on numbers (addition, subtraction, multiplication, division), their properties, and their uses. The student shall be provided opportunities to add and subtract whole numbers and decimals and multiply whole numbers.

NAME ______________________________ DATE __________________

TWENTY-FOUR HOURS A DAY

A School Day

Time spent...
eating breakfast __________
bathing, dressing, etc. __________
going to school __________
school hours
(_____ to _____) __________
home jobs __________
homework __________
dinner __________
sleep __________

TOTAL __________

(subtract total from 24)

Free time __________

Saturday and Sunday

Time spent...
breakfast x 2 __________
lunch x 2 __________
dinner x2 __________
home jobs __________
homework __________
sleep x2 __________

sports/other
activities __________

religious
activities __________

family activities __________

TOTAL __________

(subtract total from 48)

Freetime __________

Science **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-3. Name and describe communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Demonstrate how viruses can destroy cells.

ACTIVITIES & STRATEGIES

Explain that there are different kinds of cells. All living things are made of some kind of cells. Divide the class into groups of four or five. Give each group about fifteen building blocks. Tell the students to think of the blocks as cells. Tell them to build something with their cells. Ask students what they built.

Give each student an orange segment. Tell the students to study the segment. If they look closely, they should be able to identify the cells of the orange. Together these cells make a segment, and the segments make an orange.

Show the class a large plastic egg to represent a cell and a mini-marshmallow to represent a virus. Explain that a virus is not a cell but a piece of chemical with a protein coat. Demonstrate how viruses destroy cells. The egg should be half-full of mini-marshmallows. Open the egg to slip the additional "virus" inside (keeping the other marshmallows carefully concealed!)

Explain that although the cell looks the same from the outside, it has been taken over by the virus. It is now a "virus factory." Soon the cell will be full of viruses. Then it will burst open and scatter new viruses. As it bursts, pull the egg apart, allowing marshmallows to fly out. Hold the two halves of the cell. Show how the cell has been destroyed. What will happen to the cell that burst? (It dies.) What will the new viruses do? (Find other cells to invade.)

Bacteria are one type of germs. Some bacteria are not harmful. Some bacteria even help us digest our food. Some bacteria cause diseases like strep, pneumonia, diptheria. Viruses are another type of germ. Viruses cause some diseases such as colds, flu, measles, chicken pox, mumps, and AIDS. Show the students a tennis ball to represent the size of bacteria. Compare the tennis ball to the mini-marshmallows that represent viruses. Point out how much bigger the bacteria are.

RESOURCES & MATERIALS

Building blocks

Orange segment for each student

Plastic egg, mini-marshmallows

Tennis ball

ESSENTIAL ELEMENT

Science. The use of classification skills in ordering and sequencing data. The student shall be provided opportunities to classify organisms, actions, or events according to similarities and differences.

LESSON OBJECTIVE

III.A-4. Avoid/minimize behaviors that may lead to disease, illness, and injury.

ASSESSMENT CRITERION

Differentiate between degrees of risk.

ACTIVITIES & STRATEGIES

Define *self-responsibility*. *Self-responsibility* means a person is accountable for his or her own actions and conduct. Write the word *risk* on the board or an overhead transparency and ask students to brainstorm the meaning of the concept. List several ideas and the definition. Repeat this procedure with the words *consequences* and *prevention*.

Divide the class into partners or small groups. Tell the students to read items on the worksheet, "Risk and No Risk," and decide what behaviors pose a risk to one's health.

When students finish with the first directive, allow discussion time as a class about the risks, whether individual group members agreed and disagreed, and if they resolved their differences of opinion.

In their groups, have students look at the risks and list possible consequences of the behaviors. One student in each group can be designated as the recorder, another as the reporter.

Involve students in a discussion to express their ideas about possible consequences. List their comments on the board or on an overhead transparency.

Review for students the process of their activity. They have determined what behaviors put them at risk and their consequences. Explain to them that they have completed the first steps in responsible decision making.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Worksheet: "Risk and No Risk"

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes and form generalized statements. The student shall be provided opportunities to predict an outcome from a trend in data.

NAME________________________________ **DATE**____________________

Risk and No Risk

Directions: Read the list of behaviors below. Determine if each is a risk or not a risk to your health. Mark an X in one of the columns below.

After you have marked your answer, explain why you think the behavior is or is not a risk to your health.

	Risk	No Risk
1. Skateboarding		
Explain your answer:		
2. Drinking alcohol		
Explain your answer:		
3. Drinking a soft drink		
Explain your answer:		
4. Sitting next to someone with a cold		
Explain your answer:		

	Risk	No Risk
5. Being a couch potato		
Explain your answer:		
6. Using tobacco		
Explain your answer:		
7. Using someone's comb		
Explain your answer:		
8. Washing your hands with cold water		
Explain your answer:		
9. Visiting a friend who has chicken pox		
Explain your answer.		
10. Add your own risk or no-risk behavior here		
Explain your answer:		

Science **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-5. Differentiate between communicable and noncommunicable diseases.

ASSESSMENT CRITERION

List ways HIV is and is not transmitted.

ACTIVITIES & STRATEGIES

Review communicable diseases and introduce HIV to the list:

- colds
- sore throat
- flu
- chicken pox
- measles
- HIV

Ask the class:
"What do we know about HIV?"
Cover the following:

- HIV is a very serious, communicable infection.
- People who have AIDS are extremely sick.
- A germ called HIV (Human Immunodeficiency Virus) causes AIDS.
- This germ can get into a person's blood.
- The good news is that this germ is hard to get.

Emphasize HIV is not acquired by:

- hugging and kissing
- classroom contact
- coughing and sneezing
- contact with toilet seats, clothes, and dishes
- sharing food and pencils

Explain simply that HIV can be spread:

- when someone with the virus shares blood with someone else
- when someone with the virus has sexual intercourse
- when a mother with the virus has a baby

A person can be HIV positive and not show any symptoms or feel sick.

Emphasize and discuss:
It is okay to be around people who have HIV and not be afraid of them.

Dictate to the students a list of diseases and ask them to place them into two columns, Communicable and Noncommunicable, on their papers. Request that students note out to the side of these columns which diseases are hard to get and which are easy to get.

RESOURCES & MATERIALS

Teacher Tip

This activity can be especially helpful if persons with HIV or AIDS are reported to be in the school or community.

Book suggestion:
I Don't Feel Good, Lammers, June W.
Network Publications, 1991

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Science **Grade 4**

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Describe first defenses that the body has against germs and infection.

ACTIVITIES & STRATEGIES

Remind students that we are surrounded by millions of germs. Some germs spread diseases from one person to another. Some are spread by direct contact with an infected person or animal.

Ask: "What is the most important thing you do every day to reduce the spread of germs?" (washing your hands with soap and warm water)

Continue: "Your body is always hard at work fighting the germs that cause disease. Today let's look at your body's first line of defense against these germs."

Cover:
- Skin. Unless the skin is broken or cut, it usually stops germs from entering the body.
- Tears. Tears wash germs from the eyes.
- Saliva. Saliva kills some germs.
- Body oils and perspiration. These destroy some germs.
- Mucous. When mucous membranes become irritated, they produce more mucus. Mucus, a thick liquid coating, when sneezed or coughed up, forces germs out of the body.
- Cilia. Tiny hairlike structures in the lungs, nose, and other areas trap dust and other foreign matter to protect the lungs. Cilia trap germs in the air and use a wave-like motion to push them to the throat. Here they are coughed up or swallowed.
- Stomach acid. Germs that enter with food and other substances are destroyed by stomach acid.

Ask student volunteers to summarize what was presented using a transparency made from the Teacher Resource.

Discuss other defenses against germs and infection that are provided for us through medical science and that we can provide for ourselves through good health habits.

Option: To develop a teaching drama, ask students to volunteer to be germs, skin, tears, saliva, cilia, mucous, body oils, perspiration, and stomach acid. Have enough students portraying skin to make an outer circle. Others, with the exception of germs, will move freely inside circle. Every player should make a sign to attach to his or her back telling what role is being played. Germs, outside the circle, will attack skin and try to break into the circle. Defenses in the circle will attempt to subdue the germs by pulling off their signs. If a sign is completely off, the germ has been killed.

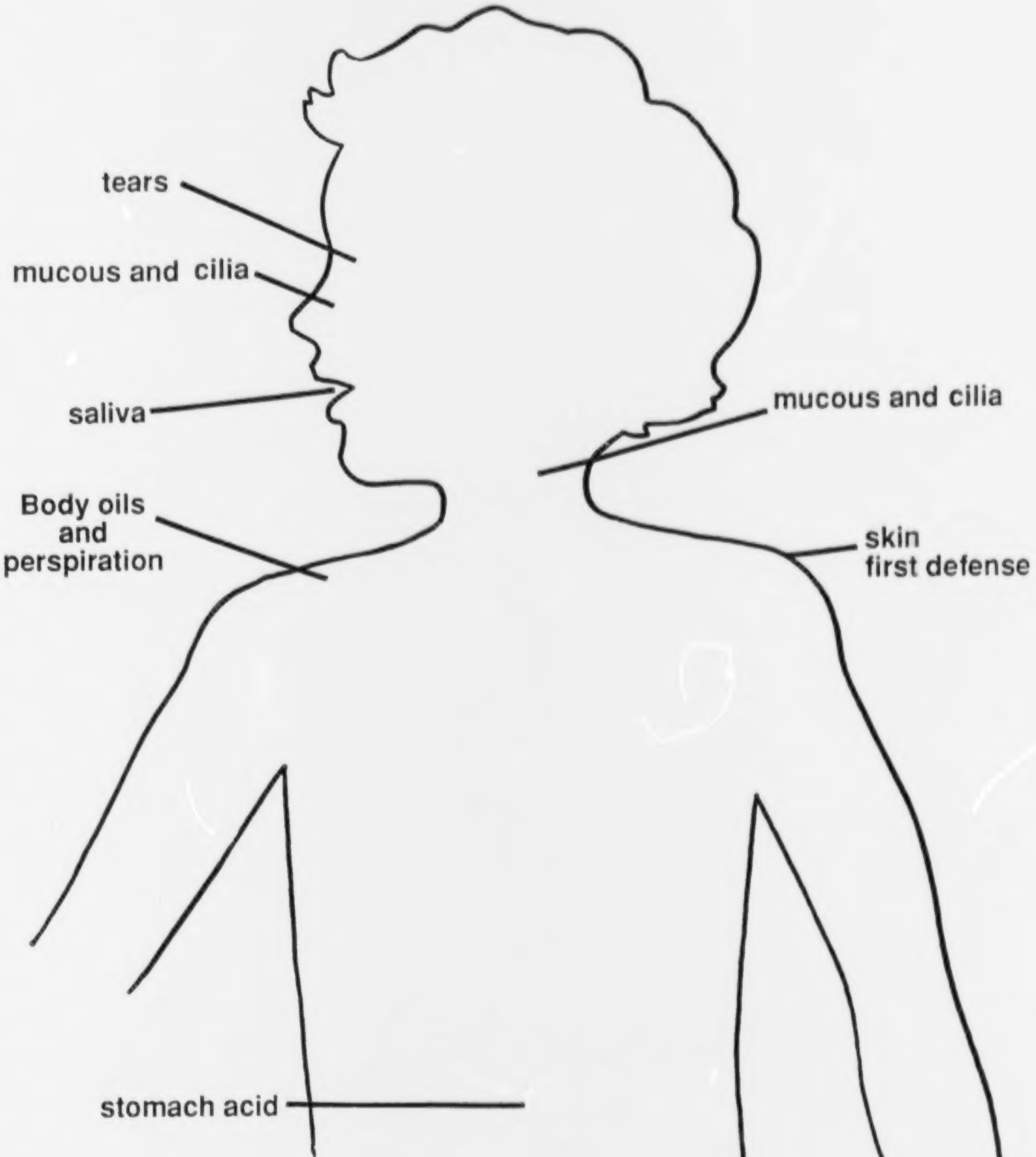
RESOURCES & MATERIALS

Teacher Resource

ESSENTIAL ELEMENT

Science. Communicate the data and information in appropriate oral and written form. The student shall be provided opportunities to describe changes that occur to objects and organisms in the environment.

First Defenses Against Infections


tears
mucous and cilia
saliva
Body oils and perspiration
mucous and cilia
skin first defense
stomach acid

LESSON OBJECTIVE

III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Identify and share sources of information and assistance relating to communicable diseases.

ACTIVITIES & STRATEGIES

Discuss sources and categories of professionals who can provide information about communicable diseases. Use the telephone directory to identify a local clinic or hot lines to fill in the blank on the worksheet, "People and Places Who Can Help." Or, use the Texas AIDSLINE (1-800-299-AIDS) or the National STD Hotline (1-800-227-8922) for information sources available to parents.

RESOURCES & MATERIALS

Worksheet: "People and Places Who Can Help"

ESSENTIAL ELEMENT

Science. Relate objects and events to other objects and events. The student shall be provided opportunities to relate science to careers.

NAME________________________________ **DATE**____________________

People and Places Who Can Help

Much information, some correct and some incorrect, is out about HIV/AIDS and other communicable diseases. Trained professionals who are available in clinics and by way of the telephone can give correct information. Find the sources in the letter mix below and circle each. Words can go up, down, side to side, forward, backward, and diagonal.

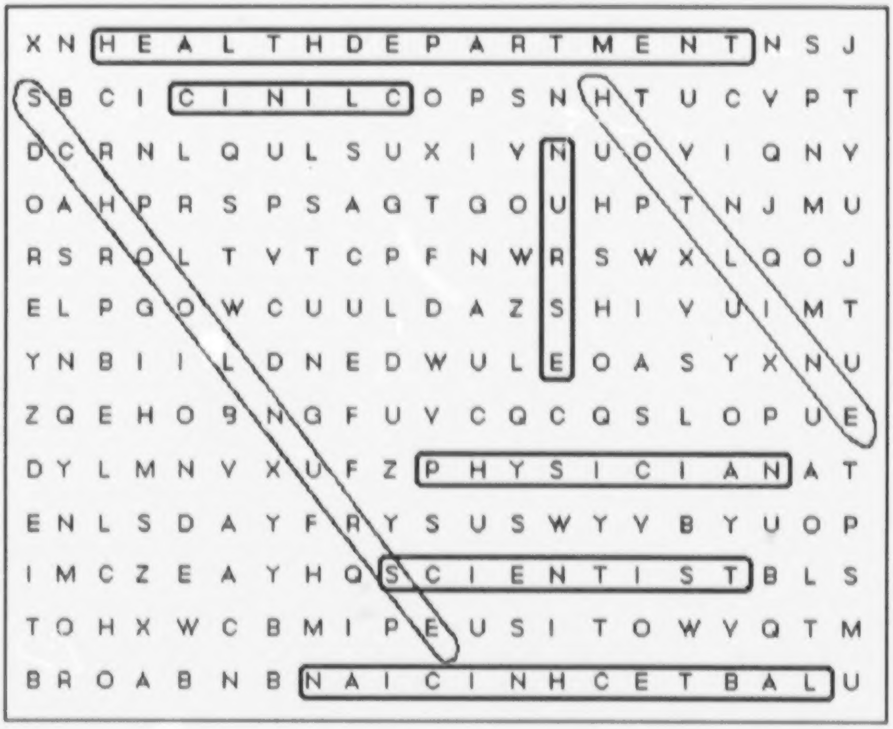
Professional and other sources are:
physician
school nurse
hot line
lab technician
clinic
nurse
scientist
health department

X	N	H	E	A	L	T	H	D	E	P	A	R	T	M	E	N	T	N	S	J
S	B	C	I	C	I	N	I	L	C	O	P	S	N	H	T	U	C	V	P	T
D	C	R	N	L	Q	U	L	S	U	X	I	V	N	U	O	V	I	Q	N	V
O	A	H	P	R	S	P	S	A	G	T	G	O	U	H	P	T	N	J	M	U
R	S	R	O	L	T	V	T	C	P	F	N	W	R	S	W	X	L	Q	O	J
E	L	P	G	O	W	C	U	U	L	D	A	Z	S	H	I	V	U	I	M	T
Y	N	B	I	I	L	D	N	E	D	W	U	L	E	O	A	S	Y	X	N	U
Z	Q	E	H	O	B	N	G	F	U	V	C	Q	C	Q	S	L	O	P	U	E
D	Y	L	M	N	V	X	U	F	Z	P	H	Y	S	I	C	I	A	N	A	T
E	N	L	S	D	A	Y	F	R	Y	S	U	S	W	Y	V	B	Y	U	O	P
I	M	C	Z	E	A	Y	H	Q	S	C	I	E	N	T	I	S	T	B	L	S
T	O	H	X	W	C	B	M	I	P	E	U	S	I	T	O	W	V	Q	T	M
B	R	O	A	B	N	B	N	A	I	C	I	N	H	C	E	T	B	A	L	U

For parents: An 800 telephone number that can be called for information is

__________________________.

People and Places Who Can Help You
Key



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X N H E A L T H D E P A R T M E N T N S J
S B C I C I N I L C O P S N H T U C V P T
D C R N L Q U L S U X I V N U O V I Q N Y
O A H P R S P S A G T G O U H P T N J M U
R S R O L T V T C P F N W R S W X L Q O J
E L P G O W C U U L D A Z S H I V U I M T
Y N B I I L D N E D W U L E O A S Y X N U
Z Q E H O 9 N G F U V C Q C Q S L O P U E
D Y L M N V X U F Z P H Y S I C I A N A T
E N L S D A Y F R Y S U S W Y V B Y U O P
I M C Z E A Y H Q S C I E N T I S T B L S
T O H X W C B M I P E U S I T O W V Q T M
B R O A B N B N A I C I N H C E T B A L U
```

The 800 telephone number for HIV/AIDS information is 1-800-299-AIDS

Science Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-2. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Describe ways skin protects from germs and ways to protect skin.

ACTIVITIES & STRATEGIES

Have students research and describe different types of battle armor used as protection from enemy assaults. Discuss:
- function
- restrictions (clumsy, hard to get around)
- care required

Compare skin as a type of armor that protects us from small unseen enemies, called germs. Discuss:
- function
- restrictions (easily penetrated by sharp objects)
- care required (bandages, soap and warm water, medicine)

To illustrate how skin protects us from germs, place an apple in a bowl half filled with dirt. Before putting a second apple in the bowl, puncture holes in it with toothpick; place the apple in the dirt with the holes facing down. Leave the apples in the bowl overnight. The following day slice both apples in half. Relate the results to the skin's function.

Remind students that cuts and other injuries open the skin (or armor) to infections and diseases. Explain that blood can be infected with germs and that it is important to wash another person's blood off one's skin.

Ask what other ways, other than injuries, skin can be penetrated. Blood brother ceremonies, ear piercing, tattooing, steroid injections, drug injections, etc. are all ways in which skin is penetrated. These practices can be very dangerous when needles and other sharp objects are shared with persons who may be disease infected.

RESOURCES & MATERIALS

Two apples, one large bowl half filled with dirt, toothpick

ESSENTIAL ELEMENT

Science. The use of skills in acquiring data through the senses. The student shall be provided opportunities to observe phenomena and apply knowledge of facts and concepts.

LESSON OBJECTIVE

III.B-2. Set and pursue appropriate short-term goals.

ASSESSMENT CRITERION

Identify types of social support and build a social support network.

ACTIVITIES & STRATEGIES

Use the round robin technique and have students take turns giving ideas of kinds of friends and what we do with them. Record the responses on the chalkboard. Friends:
- care about us (affection)
- share things (belongings)
- do things with and for us (affiliation, nurturing)
- listen when we have a problem (communication)

Distribute the worksheet, "Friendship Map."
Ask the students to draw their own friendship maps. Tell them: "Write your first name in the center of the large circle. Near the center circle are some other circles. In the circles closest to the largest circle, place the first name of the people you see all the time and do many things with. Place the first name of some other friends whom you see seldom or who are not as close to you farther from the large circle." Students may add additional circles. (Relatives may also be friends.)

Add: "Write in the appropriate circle an activity you do with that friend. Example: If you wrote the name John in a circle and you play ball with John, write play ball in the same circle." Supervise completion of this task.

Add: "If there is something you would like to be doing but do not have a friend to do it with, write that activity in an empty circle. For example, if you like to play soccer, write *soccer* in an empty circle." Ask volunteers to share their results with the class.

Instruct students to make a personal list of "things I want to do with other people." Instruct: "Create an action plan. Make a list of ways to meet the needs on your list. Put on your list special friends you need to meet and how you could do that. Write down how you will arrange to see or talk to that person."

RESOURCES & MATERIALS

Chalkboard

Book suggestions:
What to Do When, and Why: At School, At Parties, At Home, In Your Growing World, Stewart, Marjabelle Young and Buchwald, Ann; D. McKay Co., New York, 1985
In With The Out Crowd , Howe, Norma

Worksheet: "Friendship Map"

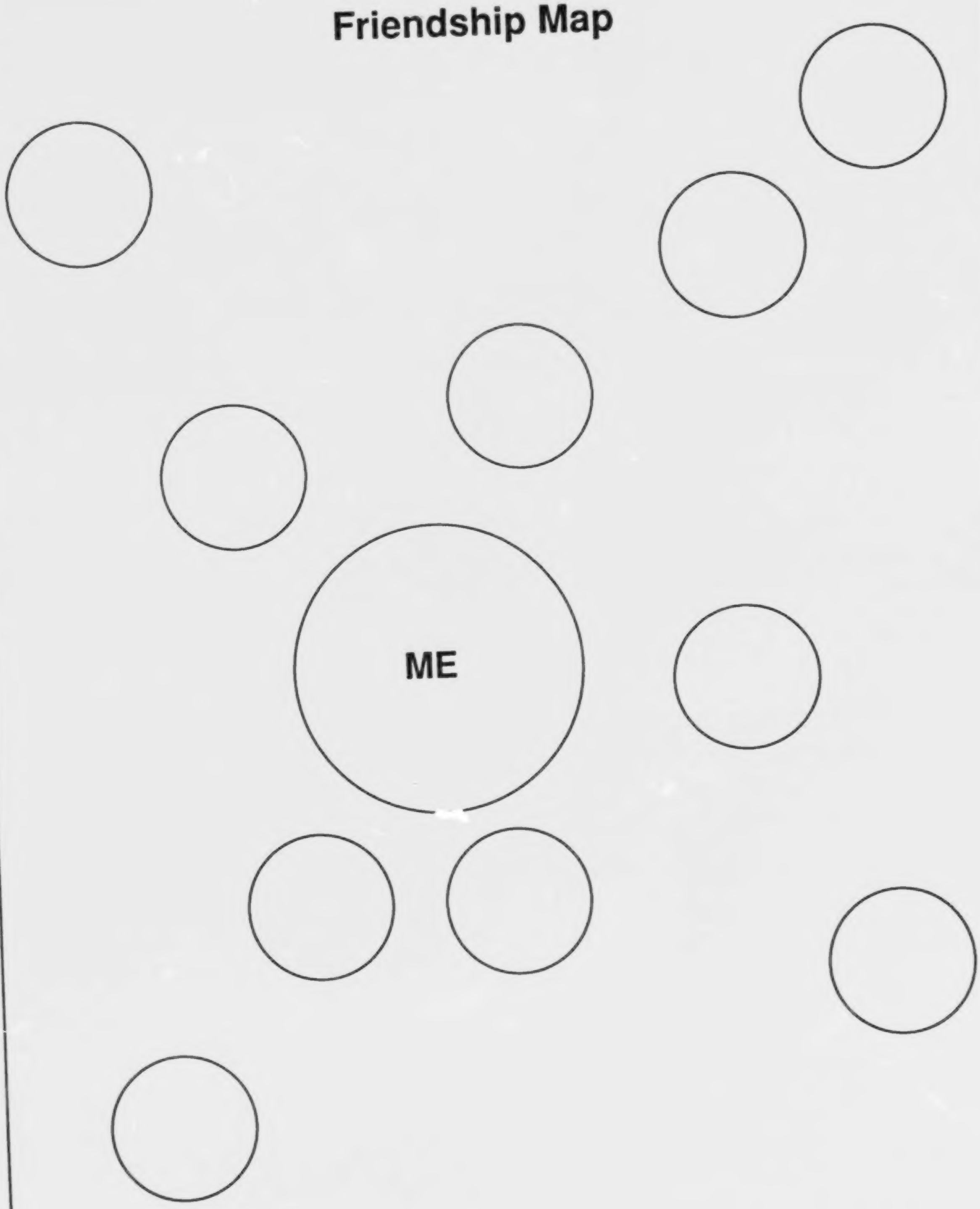
Sample action plan:
Need to meet: someone to play soccer with — join a soccer team.
Need to know how Bill is — call him on the phone.

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept the responsibilities of membership in various groups.

NAME______________________________ DATE____________________

Friendship Map



Social Studies Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Identify and practice effective guidelines for group discussion.

ACTIVITIES & STRATEGIES

Read the case study from the Teacher Resource aloud. Divide the class into small groups. Ask one of the members of each group to act as a recorder. With the four questions available either on an overhead transparency or the chalkboard, ask the groups to discuss the questions. Encourage groups to add more ideas.

After discussion, bring the students back to a large group and record all the responses on the chalkboard or the overhead transparency. Ask the class, "Do you think something like this could happen in our class? How will we avoid it?"

Have the students develop class rules from their responses to Questions 3 and 4. Outline these rules on the chalkboard.

Ask the class, "Are there other rules we could have that would make it more comfortable to talk and share ideas in class?"

Add any additional ground rules. Refer to the Teacher Resource, "Suggestions for Ground Rules."

RESOURCES & MATERIALS

Teacher Resource

Chalkboard or overhead projector and transparency

Teacher Resource

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to support individual's rights to have differing opinions.

Setting Classroom Ground Rules Case Study

It was the first day of class for the new school year. Every student was very excited. It seemed everyone was laughing loudly and making jokes.

DuWayne raised his hand to ask a question.

"Mrs. Brown, can girls get pregnant from swimming in the same pool as boys?" he asked.

With that, Tom, Bruce, and Larry, along with several of the girls, let out a big laugh.

Larry said, "What a question!"

DuWayne turned red. As the laughter kept on in the classroom, tears came to his eyes.

He finally got up and left the room.

Optional questions:

What was the problem?

How did DuWayne feel?

If you were the teacher, how would you handle the problem?

How could this have been avoided?

Suggestions for Ground Rules

1. Put-downs are not permitted.
2. Be sensitive to other people's feelings.
3. Pass if you want to.
4. Use classroom terms rather than slang.
5. Don't talk about personal matters or ask personal questions.
6. Don't talk about other students' comments outside of the classroom.
7. Don't be afraid of asking dumb questions. There are no dumb questions.
8. Discuss the issues raised in class with your parents. Be accurate in your reporting of information and discussion. Don't exaggerate.

Social Studies Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Identify qualities, characteristics, and physical attributes that make individuals special.

ACTIVITIES & STRATEGIES

Introduce this lesson as a tool to become more aware of personal uniqueness. Explain the worksheet, "Alike and Different" to students; provide each with a copy.

Use selections of music or show pictures to elicit responses. Lead the class in a discussion concerning differences.

Ask the students to share their color compositions with the class. How are they different? How are they the same?

RESOURCES & MATERIALS

Worksheet: "Alike and Different"

Crayons

Book suggestions:
You Are Somebody Special, Colby, Bill
I Am Not a Short Adult, Burns, Marilyn.

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to support individuals' rights to have differing opinions.

NAME______________________________ **DATE**__________________

Alike and Different

A Color Composition

Directions:

1. **Draw lines on a piece of paper to make 10 equal parts. Number these from 1 to 10 according to the teacher's directions.**
2. **In each section, color your mood or your feelings in response to each of the following features or questions. Use the color code guide.**

Section	Feature/Question	Color Code (choose one)
1.	Hair	red, brown, black, yellow
2.	Skin	white, brown, black
3.	Eyes	green, blue, brown
4.	Sex	green (boy), yellow (girl)
5.	Main Interest	red (sports), yellow (reading), purple (music), green (art), orange (other)
6.	How did you feel on your first day of school this year?	red (angry), yellow (happy), blue (sad), orange (afraid), green (excited)
7.	How do you feel after arguing with someone?	red (angry), yellow (happy), blue (sad), orange (afraid)
8.	How do you feel when you are alone in your room?	red (angry), yellow (happy), blue (sad), orange (afraid)
9.	How did you feel when you came to school today?	red (angry), yellow (happy), blue (sad), orange (afraid)
10.	How do you feel about growing and changing?	red (angry), yellow (happy), blue (sad), orange (afraid)

Questions for discussion:

a. What makes people different?
b. Is it good or bad to be different from each other?
c. Are any of the color compositions similar?
d. How does it feel to be different in looks, style, habits, etc.?
e. How should we treat people who look or act different from us?
f. What pressures are there to be the same as everyone else?
g. What does it feel like to be respected for who you are?

Social Studies Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.B-4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable diseases.

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Examine behaviors exhibited by some groups.

ACTIVITIES & STRATEGIES

Ask the students to sit in a circle. Place a dozen oranges inside the circle so that they are visible to all the students. Ask the students the following questions:

- How are all the oranges alike and different (size, color, dimples, fruits, grow on trees, smaller, older, drier, etc.)?
- Can these similarities and differences be related to people? If so, how?
- Notice the marks and scars on the oranges. Do people also have scars? Do we have inner, invisible scars?
- How do oranges or people get inner scars (handled roughly, etc.)?
- Suppose we group these oranges. What categories could we use (size, age, etc.)?
- What advantages are there in grouping the oranges? Disadvantages?
- How can the last three questions be related to people?
- Suppose you decide to reject three oranges from this group. Which would you leave out? Why are people sometimes rejected? For what reason?
- Is it ever fair to reject people because of age, illness, appearance, size, or capabilities? Why or when?

Using the questions on the transparency, lead a discussion summing up the lesson.

RESOURCES & MATERIALS

Transparency

One dozen oranges

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept the responsibilities of membership in various groups.

Discussion:

- How do people feel when they are rejected from a group?
- Why do people sometimes reject other people?
- How do you think people feel in a group when they make someone feel rejected?
- Do students ever reject other students? Why?
- Is there always a choice when we join a group?
- What is a good way to go about choosing group members?
- What do you think the purpose of this activity has been?

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Compare hours of sleep required at various ages.

ACTIVITIES & STRATEGIES

Ask students to figure how many hours of sleep they had last night. Make a graph on the chalkboard. Analyze the data for the whole class.

Project the teacher resource, "Typical Sleep Requirements," on an overhead projector or give copies to students. Ask students to identify the amount of sleep needed for people at various ages. Then focus on the sleep requirement for 10- and 11-year-olds. Are the hours they are sleeping sufficient?

Ask: "Why is it important to receive sufficient sleep? What are some reasons students may not sleep enough hours?"

Ask students to monitor or record their sleeping times for one week. Ask each to make a graph of their sleeping data which will be handed in at the end of the week. Sketch a sample of the graph on the chalkboard; do not erase so students can refer to it.

Closure: "I could get sufficient sleep if I..."

RESOURCES & MATERIALS

Chalkboard, overhead projector and transparency

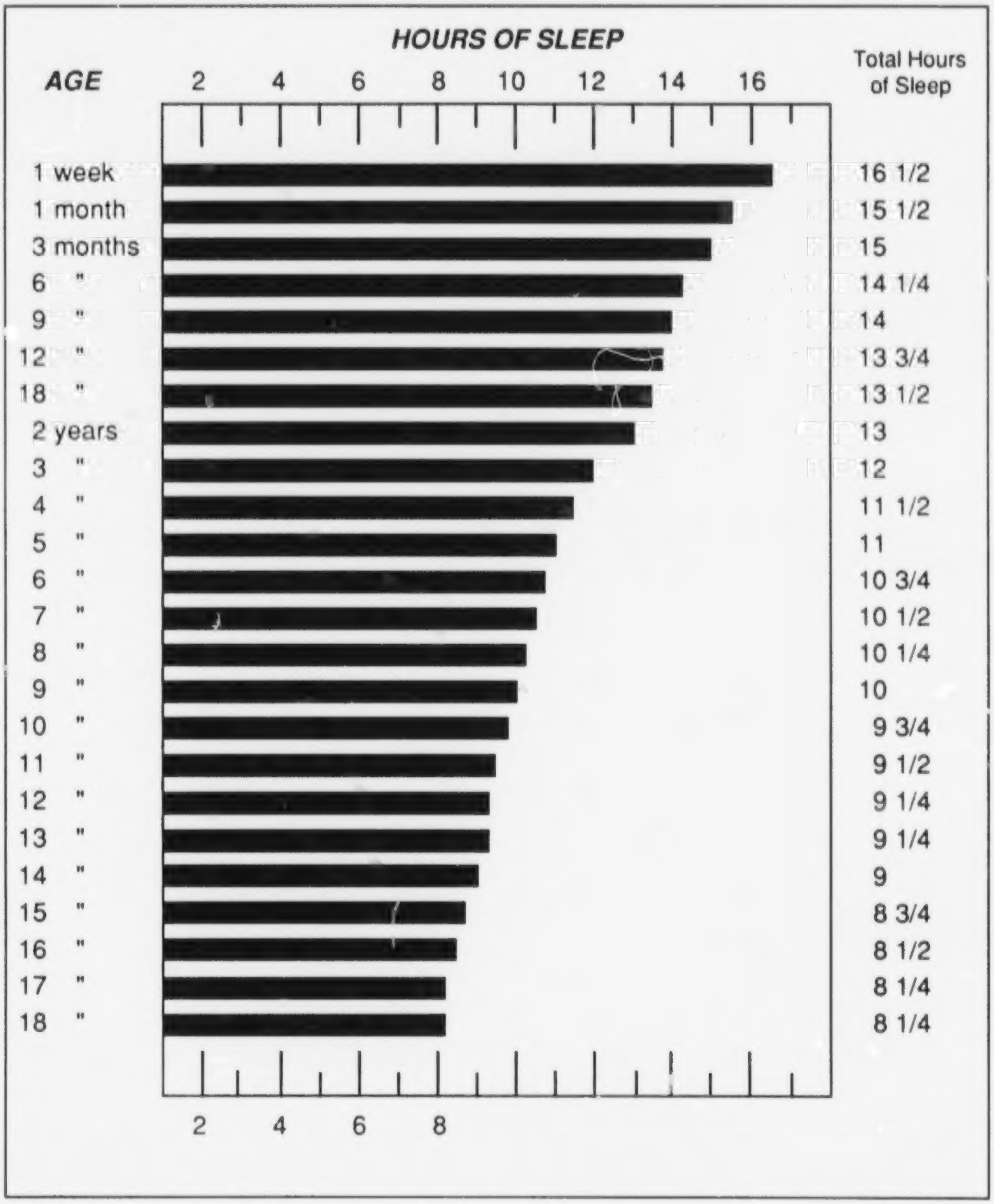
Teacher Resource

ESSENTIAL ELEMENT

Social studies. Social studies skills. The student shall be provided opportunities to interpret visuals (pictures, charts, graphs, tables).

NAME________________________________ DATE____________________

Typical Sleep Requirements



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Social Studies Grade 4

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.

III.B-3. Define self-responsibility and relate it to all areas of living and wellness.

ASSESSMENT CRITERION

Identify personal roles and responsibilities.

ACTIVITIES & STRATEGIES

Discuss the various groups in which students are members—i.e., family, class, teams, geographical entities, clubs, etc. In each group, people have roles and responsibilities. Ask students to identify their roles in one or two groups. For example, son and brother in a family, Texans in a country, goalie on a soccer team, etc.

Give each student a copy of the worksheet, "My Roles." Explain that his or her first name should be written in the middle space, and the outer spaces should be filled with various roles, one per space. Ask students to work in pairs. If there is a space for which the student cannot identify a role, ask the student to write one in that he or she would like to have and to underline it.

Discussion questions: What responsibilities does each role present? What does *role model* mean? Are you a role model to someone? Will you always have the same roles? If there is a group you would like to join, how would you go about it? Are some roles given to you without choice?

Conclusion: Have students complete open-ended statements on their worksheet.

RESOURCES & MATERIALS

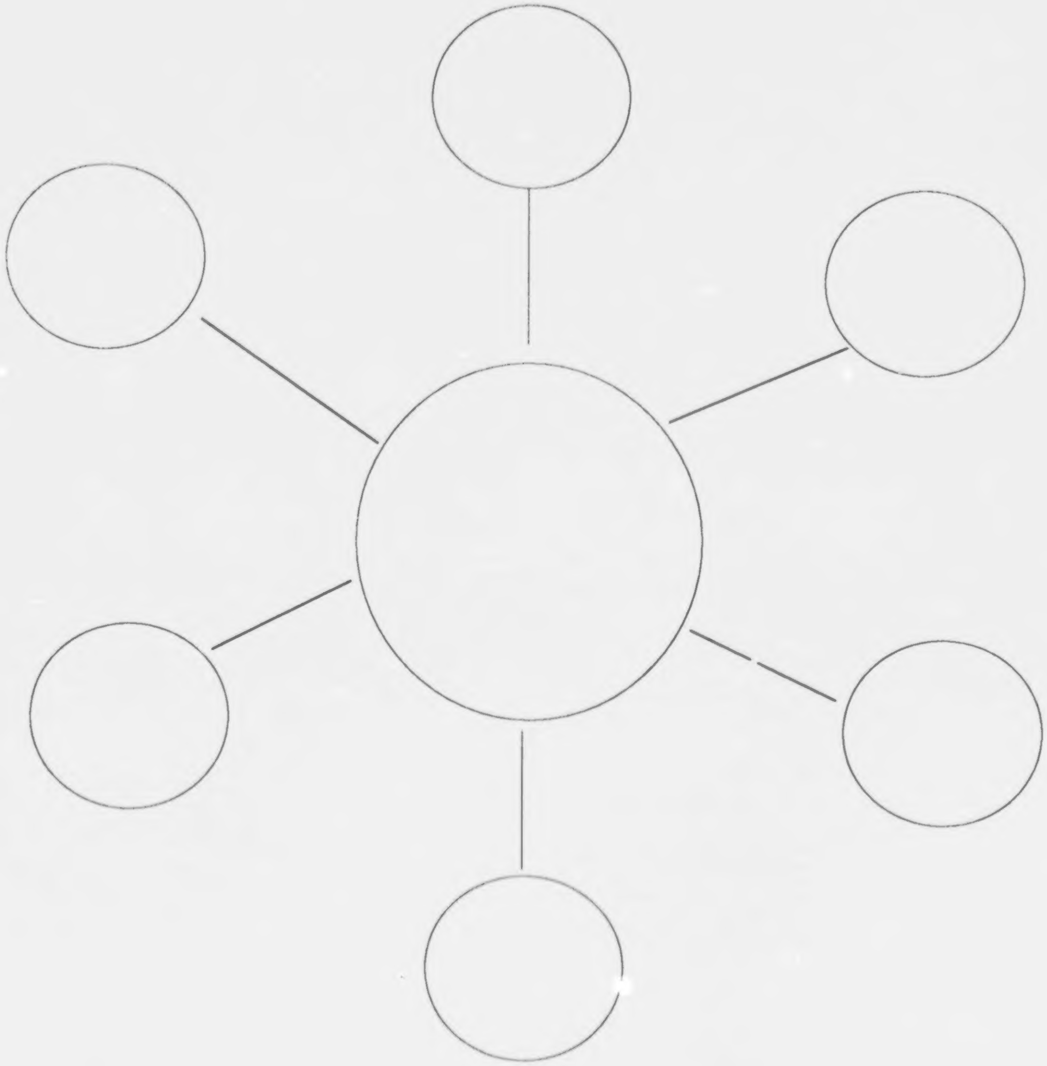
Worksheet: "My Roles"

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to accept the responsibilities of membership in various groups.

NAME____ DATE__________________________

MY ROLES



The role I like best: ________________________________

My hardest role: ____________________________

The role I will work hard to improve: ______________________

I am a role model to: ____________________________________

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Social Studies Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-8. Gather and critique information to utilize in decision making and problem solving.

ASSESSMENT CRITERION

Develop effective decision-making skills.

ACTIVITIES & STRATEGIES

This lesson will increase the students' awareness of decisions they currently make in their lives. Ask for a show of hands in response to the following questions.

How many students decide. . .
- what to wear to school?
- what to wear on weekends?
- how to spend their allowance?
- what to eat for breakfast?
- when to go to bed on school nights?
- what TV show to watch?
- what movies to see?
- what friends to invite over?
- when to do homework?
- when to do home jobs or assignments?

Ask the students at what age they began making these decisions or will begin making these decisions. Compare results with the entire class. Make a time line on the chalkboard and record the answer on this continuum.

Ask the students to write a paragraph about an important, yet difficult decision they have had to make recently.

Ask students to make bubble maps (or webs) that would describe their decisions, from rising to bedtime. Students should include most decisions that are made and who made them. Use the Teacher Resource to make a transparency for an example. Students should make four bubble maps: one, for at home before school; two, for at school; three; for at home after school; and four, for weekends. Use locales for the center of the bubble map, outside circles for decisions, and frames around circles for person or persons helping the student make the decision or for student's name.

Volunteers may share their paragraphs with the entire class. Some students may not wish to share, and that decision must be respected by all.

RESOURCES & MATERIALS

Chalkboard

Teacher Tip

Different families have different ideas about the best ages to allow boys and girls to make personal decisions. Assure students that is this okay.

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilites. The student shall be provided opportunities to support individuals' rights to have different opinions.

Social Studies Grade 4

4

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Identify persons who influence decisions and the ways they influence decisions.

ACTIVITIES & STRATEGIES

Discuss what decisions students made today—i.e., clothes to wear, cereal to eat, homework to do at school, special friends to eat with at lunch, etc.

Ask: "Who may have helped you decide?"

Discuss decisions that were made for them—when to start school, class assignments, where to go after school, etc.

Ask: "Who decided these for you?"

Ask students to identify groups or people who help them make decisions. Use the worksheet to illustrate persons or groups.

Write the word *influence* on the chalkboard; discuss the definition. One definition is the ability to change or affect others. Tell students that people who help us make decisions have an influence over us or influence us. Some influences are good/healthy; some are not good/unhealthy. List on the chalkboard ways in which people influence our behavior:

1. with authority or power of some kind
2. because we respect and love them and want to belong
3. with the promise of rewards
4. by telling some information

Give the students examples of each and ask them to contribute. For example: 1. "Make your bed before you leave for school" or "I'm captain of the team, and I want you to bat last for cleanup." 2. A person may do something (like trying a cigarette because everyone else in the group is doing it) because he or she wants to belong to a group or for a good reason because he or she loves his parents and doesn't want to disappoint them. 3. Someone promises something and influences a certain decision. "I'll help you with your homework later if you'll go to the park with me now." "I'll give you a quarter." 4. You make a decision because of information

RESOURCES & MATERIALS

Worksheet: "People Who Help Me Make Decisions"

Chalkboard

ACTIVITIES & STRATEGIES (continued)

someone gives you—i.e., "I'm going to read that book because Tyrone said it was funny."

Remind students that influences can be good/healthy or not good/unhealthy. Ask them to think about why they decide to do something. Tell them to go with the good and the healthy.

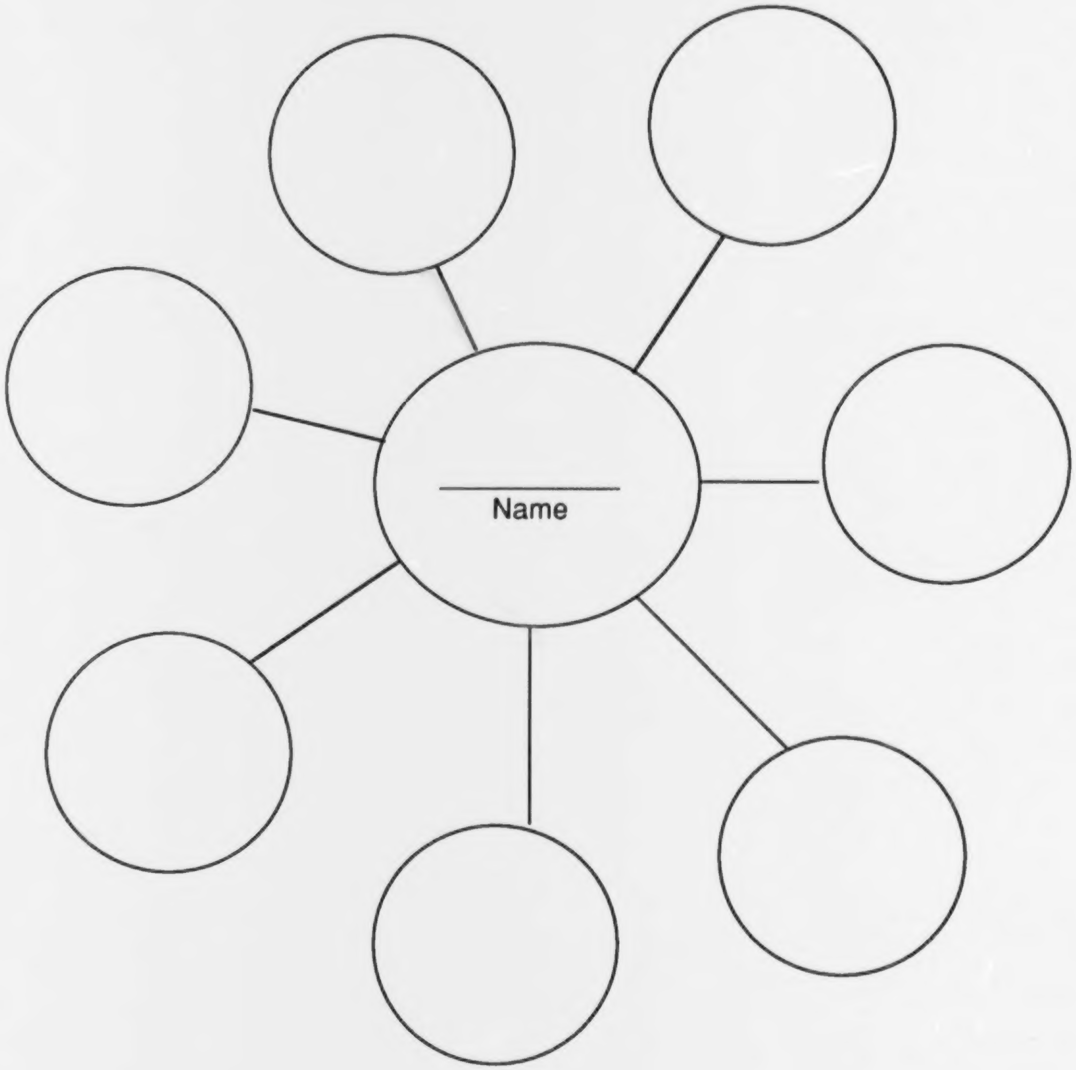
Ask students to finish this open-ended sentence: "A healthy decision I made today was..." After the sentence, have students write what influenced the decision. Was it authority? Was it wanting to belong? Was it not wanting to disappoint someone? Was it because of a promised reward? Or was it based on information?

ESSENTIAL ELEMENT

Social studies. Personal, social, and civic responsibilities. The student shall be provided opportunities to explain how groups influence individual behavior.

NAME________________________________ DATE____________________

PEOPLE WHO HELP ME MAKE DECISIONS



After you have filled in names, write how they influence you.

Notes

Notes

Education for Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADE 5

Texas Education Agency ESR III

Fine Arts **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Design and produce a name sign that illustrates interests and abilities.

ACTIVITIES & STRATEGIES

Write the words *personal interests and abilities* on the chalkboard. Tell students that today they will make name tags which will tell others about their special skills and interests. Ask students, working in pairs, to discuss what each does well and enjoys in his or her spare time. Ask each pair to make a list; pairing may help generate more ideas.

Give each student a strip of posterboard for a name tag, as long and as wide as feasible. Provide markers, crayons, pens, pencils, colored paper, scraps, etc.

Instruct students to design and produce large name tags (first names only) and illustrates them with depictions of some of the special interests, skills, and abilities on their lists. The name tags will depict what they do well and enjoy in their spare time.

Have individual students show their name tags as class members identify the interests, skills, and abilities depicted. This lesson should be presented as a positive attitude enhancer.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Posterboard, markers, crayons

Book suggestions:
Self-Esteem, Thomas, Alicia
Celebrate You, Johnson, Julie.

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media including drawing, painting, printmaking, constructing, and modeling three-dimensional forms, manipulating fibers, and exploring photographic imagery.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-3. Develop and utilize skills for coping with change, success, and failure.

ASSESSMENT CRITERION

Identify healthy ways to respond to failure and/or personal challenge.

ACTIVITIES & STRATEGIES

Ask a musician (perhaps a parent or staff person) to help students understand that learning new skills will mean mistakes, challenges, and perhaps failure. (If you play a musical instrument, you are a good person to illustrate this concept.)

Have the musician play several selections. Ask questions about how long he or she has been playing. At what age did music lessons begin? Have him or her play scales and an early, perhaps first, recital selection. Has he or she ever made mistakes? What does the musician do to become better, to correct mistakes? For a final selection, ask the musician to present a short lively tune.

Closure: Ask each student to complete this open-ended sentence: "When I make mistakes, I will..."
Ask volunteers to share completed sentences.

RESOURCES & MATERIALS

Musician, musical instrument

Teacher Tip

This can be a short but effective activity if you and the visitor plan well before the presentation.

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify daily practices that promote self-concept.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-6. Identify valid reasons to practice abstinence.
III.B-1. Define self-responsibility and relate it to all areas of living and wellness.

ASSESSMENT CRITERION

Formulate effective strategies to practice abstinence.

ACTIVITIES & STRATEGIES

After studying about the human reproductive system, help students to make healthy decisions in areas of sexuality. Review the facts that male sperm production and female ovulation and menstruation are signs that young men and women can parent children, and that sexual intercourse can result in pregnancy and in sexually transmitted disease.

Ask students what is necessary before they are ready to become parents. "Is a girl of 12 ready to be a mother?" "Is a boy of 12 ready to be a father?" "What are things they need to do before then?" Students will respond from their own value base, and, at this age, offer the responses they have learned from home and religious teachings.

Ask: "What is the new, serious reason for young people not to have sexual intercourse?" HIV infection that leads to AIDS, is a serious group of diseases which usually result in death. Discuss the following questions:

- Can a person tell if someone has HIV infection?
- Could a person contract HIV if he or she is forced to have sex?
- Where do boys and girls get help if someone is harassing them in that way? (tell *two* adults who can help).

Encourage students to talk to parents, big brother or sister, or other family member. Send a copy of the pamphlet, "What Everyone Should Know About AIDS and HIV," (Appendix I), home with each to encourage sharing on this topic.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify ways to care for principal body systems.

Dear Parent,

At school, our class is studying ways to keep healthy. One of the things that we have discussed is physical exercise. With homework, television, and a long day in school, some students may not be spending enough time in active physical activities. This presents a challenge for both the school and the home.

At school, we need to be sure that sufficient time is planned for enjoyable physical exercise. At home, parents and students together can plan ways to assure physical activity.

With the attached chart, students can check on how they are spending time at school and at home. Please help your boy or girl complete this chart. Then talk about the results and what other activities could be planned.

Together we can all help promote wellness and good health.

Sincerely,

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Identify the amount of time spent in healthy physical activities.

ACTIVITIES & STRATEGIES

Write on the chalkboard and read to students: WE ALL WANT TO BE HEALTHY.

Discuss and list ways in which students can enhance and promote their own personal wellness. Include: eat breakfast, eat a well-balanced lunch and dinner, sleep eight to nine hours a night, bath/shower daily, wear proper clothes for the weather, avoid people with communicable diseases, have an annual physical checkup, keep current on immunizations, brush teeth, visit the dentist, etc. If students do not mention proper physical exercise, add it to introduce the following activity.

Ask students to volunteer the types of exercise in which they participate. What are they doing in physical education and during recess and lunchtime? What exercise do they participate in at home, after school, on weekends? Do they play on teams at the park, at the rec center, etc.? What are some other exercises they could become involved in? (Suggest riding bikes, skating, rope jumping, other exercises that are feasible for your students.)

Give each student a copy of the worksheet, "How I Spend My Time." As a group activity, have each student fill in the number of hours in school each day and the time spent in physical activities/exercise at school. Ask students to note the time they spend in physical activities for one week. Send parent letters home with the charts to encourage parent/home participation.

After charts are returned, ask volunteers to share how much time was spent in various activities. Tell students the amount of time that is preferred for good health: eight to nine hours of sleep, etc.

Conclude by looking at the time spent in physical activities. Many students are not participating in sufficient physical activities and are spending too much time sitting. Talk about fun ways to get more exercise. Ask students to draw pictures showing what they will do for exercise or have a class do a mural with each student contributing and labeling an appropriate physical activity.

RESOURCES & MATERIALS

Chalkboard

Teacher Tip

The parent letter is just a suggestion. You may also want to inform parents about the exact time each day that you are available for conference, if you have not informed them previously. Personalize the letter and sign your name.

Worksheet: "How I Spend My Time"

Parent letter

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to identify ways to care for the principal body systems.

HOW I SPEND MY TIME

____
Student

Hours/Minutes Spent	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
In school							
In physical activities at school							
Doing homework							
Sleeping							
Helping at home							
Watching television							
In family activities							
In team sports							
In physical activities at home/ park/neighborhood							
Other							

Physical activities I enjoy are: _______________

____

____

____

____
Parent signature

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-3. Identify differences between some communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Categorize diseases according to communicable and noncommunicable.

ACTIVITIES & STRATEGIES

Review the concept of wellness and illness.
- How do you feel when you are well?
- How do you feel when you are ill?

Discuss symptoms of illness. Ask the students:
- Name some diseases.
- What illnesses have you experienced?

Discuss ways in which each of the communicable diseases named can be transmitted:
- from person to person (touches, kisses)
- through the air (coughs, sneezes)
- from water (drinking, swimming)
- from food (improper washing, cooking, and storing)
- from animals or insects (bites from fleas, mosquitoes, and worms)

Distinguish the difference between communicable and noncommunicable diseases.
- Help students understand that not all diseases are contagious.
- Explain that many contagious diseases are caused by germs.
- Brainstorm and list examples on the chalkboard of communicable and noncommunicable diseases.

Read out loud the following diseases and ask the students to categorize them into two columns of either communicable or noncommunicable:
- allergies
- diabetes
- cold
- strep throat
- asthma
- heart disease
- flu
- chicken pox
- hepatitis
- sickle cell anemia
- HIV/AIDS
- lice
- diptheria
- measles
- mumps
- ringworm
- cancer
- epilepsy

Ask for volunteers to explain their answers.

RESOURCES & MATERIALS

Teacher Tip

Add HIV/AIDS only if students have studied concepts of human growth, development, and sexuality.

Book suggestion:
I Don't Feel Good, Lammers, Jane W., 1991

Chalkboard

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-9. Dispel myths and misinformation concerning HIV/AIDS.

III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Increase knowledge of facts about communicable diseases including HIV/AIDS by securing answers to questions.

ACTIVITIES & STRATEGIES

As the class studies about communicable diseases, make a question box available. Anonymity must be assured so that students can comfortably ask their questions. One way to ensure anonymity is not to ask students to sign their question slips. Or, if a signature is required, assure the class that you will not reveal the name of the questioner—i.e., only you will know.

Questions will have some similarity, so in the interest of time group them in categories. Look at the questions in the box at the close of the school day to prepare for answering the next day. This will help you think about your answers and/or group like questions.

RESOURCES & MATERIALS

Question Box

Teacher Tip

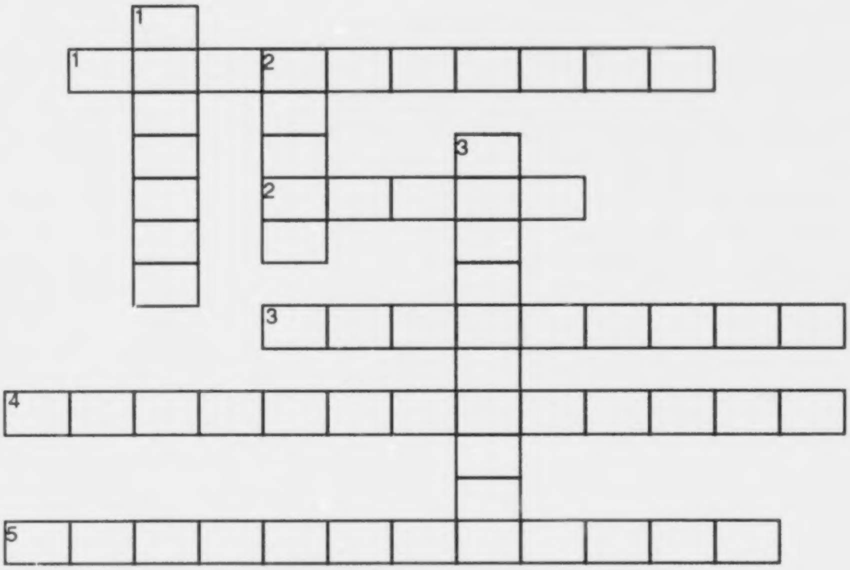
Sometimes a question will be relevant only to one student or will be inappropriate for the developmental level of the group. You and the nurse or counselor may want to answer that one question for the student in private.

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

NAME________________________ DATE________________

CROSSWORD PUZZLE: IMMUNIZATION



ACROSS

1. A disease that gives you red spots.
2. A disease that can cause paralysis. You can't move your arms or legs.
3. A disease that gives you a bad cough.
4. Another name for Rubella.
5. A shot to prevent these diseases.

DOWN

1. A disease you can get from stepping barefoot on a rusty nail. It can cause lockjaw.
2. A disease that gives you swollen glands.
3. A disease that makes breathing difficult.

CROSSWORD WORD LIST

immunization
polio
diphtheria
tetanus

pertussis
mumps
red measles
German measles

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-3. Identify differences between some communicable and noncommunicable diseases.

I.B-4. Describe methods of transmission of some communicable diseases.

ASSESSMENT CRITERION

Identify HIV as not transmitted by casual contact.

ACTIVITIES & STRATEGIES

Brainstorm ways students (or others) can help persons who are ill. Divide the list into diseases that are infectious and illnesses that are not infectious or communicable.

Define *communicable* and *noncommunicable*. (Diseases or illnesses that are passed or transmitted from one person to another or not transmitted from one person to another.) Some noncommunicable diseases to mention are sickle cell anemia, epilepsy, asthma, and diabetes. Also include any noncommunicable disorders that are evident among students in school.

Discuss the term *casual contact*. Diseases that are transmitted by *casual contact* are diseases spread through everyday contact such as sneezing, coughing, touching, kissing, sharing food, etc. Some diseases or illnesses spread by casual contact are colds, flu, measles, mumps, etc. Some diseases, although infectious, are not spread by casual contact; the HIV infection is spread by the sharing of certain body fluids. HIV is mostly an adult and teenager infection, not a childhood disease. People do not contact HIV via casual contact—they do not contact HIV by sitting with, talking to, hugging, eating with, etc. a person with HIV/AIDS.

Brainstorm ways to show sick people that we care about them and are missing them. Divide the list into actions appropriate for persons with communicable diseases versus those with noncommunicable diseases. Examples: make and mail a card, telephone, visit, send flowers or a gift, take flowers or a gift, take food, etc.

Make a special category for HIV/AIDs. Emphasize: "A person can take cards and flowers to someone who is sick with HIV/AIDS. Remember a person cannot be infected with HIV through casual contact. You would not catch HIV by going into the house or hospital room."

Have students select and complete a caring activity. You may want family input on who to help and to cheer. Or, taking or mailing items to a children's hospital may be a good experience.

Conclude with a summation of facts: diseases that are communicable are spread in a number of ways. HIV is not spread by just being friends with the person who is infected. HIV/AIDS is not spread by sneezing, coughing, kissing, etc.

RESOURCES & MATERIALS

Teacher Tip

If your students have been introduced to concepts in healthy sexuality, expand how HIV is transmitted—that is via sexual intercourse and the sharing of blood. If students do not have the background for this, focus on HIV not being transmitted via casual contact.

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Question and Answer Skills

Question and answer skills to cultivate include the following:

- Be sure you know exactly what the student is asking. You may have to announce, "Will the student who asked about ... please write another note that tells me what you want to know. I'm not sure."
- Translate street language into classroom language as you answer. It is inappropriate for a teacher to use street language in the classroom unless students simply do not understand any other. However, be accepting of street language or childhood phrases in questions; sometimes students have no other words to use. Teach them classroom language through this process.
- Answer in factual terms exactly what was asked. Answer appropriately to the students' level of understanding and development. Do not add a lecture to each answer.
- If a question involves a controversial topic, be sure to limit your answer to facts only. Confine your answer to the generic. Ask students to also ask this question at home because it is a parent's responsibility to share family opinions and beliefs related to controversial subjects.
- Be knowledgeable about and adhere to school district policy and directives on controversial topics. For example, be certain you know how to handle suspected sexual abuse. (See Appendices.)
- If questions address a topic not yet covered in class, hold these questions for later. Explain: "Some of you asked about things that we will study next week. I will keep these questions, and we'll see if you have the answers then."
- Do not share your personal experience or your personal life. Do not ask students to share theirs, either. Use no names; stay in the generic.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-5. Dispel myths and misinformation concerning some communicable diseases.

ASSESSMENT CRITERION

Identify HIV/AIDS information as correct or incorrect.

ACTIVITIES & STRATEGIES

Ask students what they have heard about HIV and AIDS. Write the statements on the chalkboard or overhead transparency precisely* as reported; do not write the names of contributing students.

Discuss each statement after the list is complete. Use the Teacher Resource for age-appropriate concepts to address. Use the chalkboard list for evaluation at the close of the session—i.e., mark each statement true or false.

Option: Assign each false statement to a small group. Ask groups to correct the false statement with two or three sentences. Ask each group to report to the class.

*However, translate street talk into classroom language.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

Teach this after students have completed lessons on human growth, development, and sexuality.

Teacher Resource

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect well-being of people collectively. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Grades 4-5

Developmental Characteristics of Students

Students are likely to be:

- aware of sexual feelings and desires either in themselves or in others and to feel confused about them
- increasingly sensitive to peer pressure
- capable of concern for others
- exploring sex roles
- in different stages of pre-puberty and interested in learning about sexuality and human relationships
- quite comfortable discussing human sexuality
- confused between fact and fancy (between hypothesis and reality)
- able to internalize rules and to know what is right or wrong according to those rules

Appropriate Approaches to HIV Education

The same approach is appropriate for Grades 4 and 5 as for K-Grade 3 with an increased emphasis on:

- affirming that bodies have natural sexual feelings
- helping children examine and affirm their own and their family's values

Teachers of Grades 4 and 5 should:

- continue providing basic information about human sexuality, helping children understand puberty and the changes in their bodies
- be prepared to answer questions about HIV and HIV prevention

Concepts Appropriate To Teach

- HIV is a virus that causes AIDS.
- No vaccine and no cure exists.
- The long incubation period could be up to 10 years.
- Some people who are infected look healthy and may not even know of the infection.
- Most people with AIDS die; death is from other diseases because the immune system is not working.
- HIV is transmitted through sexual intercourse or blood-to-blood contact with an infected person; it is not transmitted through casual contact.
- It is important to avoid risky behaviors.
- Tests are available for individuals to check for HIV antibodies in the blood; these tests also make blood transfusions in this country safe now.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-13. Examine the roles of contaminated needles and blood in the transmission of HIV.
II.A-6. Examine and predict the consequences of risky behaviors.

ASSESSMENT CRITERION

Review HIV facts with emphasis on contaminated needles.

ACTIVITIES & STRATEGIES

Give a copy of the worksheet, "HIV Word Find Puzzle B," to each student (or student pair) to complete.

After students have marked words in the matrix, have students (individually or in pairs) use each word in a sentence. Review the relevance and meaning of HIV terms before the students begin. Give them examples such as the following to reinforce concepts you have previously presented:

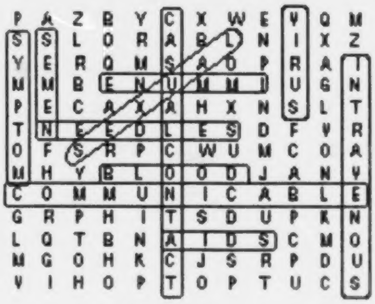
- Some people have HIV but show no symptoms of HIV infection or AIDS.
- Do not pick up discarded needles.
- Do not touch another person's blood.
- Do not pick up bloody items such as clothing, tissues, and bandages.
- Do not share sharp items such as needles (piercing ears, steroids, tattoos) or razors.
- HIV is transmitted via infected body fluids (blood, semen, vaginal fluid).
- HIV is *not* transmitted through casual contact.
- Practice good health habits especially hand washing.
- No vaccine or cure has been developed for HIV infection.
- Insist on privacy for one's own body.

RESOURCES & MATERIALS

Worksheet: "HIV Word Find Puzzle B"

Teacher Tip
This activity is appropriate only after students have studied HIV *and* responsible/healthy sexuality.

Answer Key for worksheet Word Find Puzzle B"



P	A	Z	B	Y	C	X	W	E	V	Q	M
S	S	L	O	R	A	B	L	N	I	X	Z
Y	E	R	Q	M	S	A	O	P	R	A	I
M	M	B	E	N	U	M	M	I	U	G	N
P	E	C	A	X	A	H	X	N	S	L	T
T	N	E	E	D	L	E	S	D	F	V	R
O	F	S	R	P	C	W	U	M	C	O	A
M	H	Y	B	L	O	O	D	J	A	N	V
C	O	M	M	U	N	I	C	A	B	L	E
G	R	P	H	I	T	S	D	U	P	K	N
L	Q	T	B	N	A	I	D	S	C	M	O
M	G	O	H	K	C	J	S	R	P	D	U
V	I	H	O	P	T	O	P	T	U	C	S

ESSENTIAL ELEMENT.

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

NAME__________________________________ **DATE**______________________

HIV Word Find Puzzle B

Find the following words in the puzzle below: Words may be read up, down, across, or diagonally and could be read forward or backward.

- AIDS
- Blood
- Casual contact
- Communicable
- Immune
- Intravenous
- Needles
- Semen
- Sexual
- Symptom
- Virus

P	A	Z	B	Y	C	X	W	E	V	Q	M
S	S	L	O	R	A	B	L	N	I	X	Z
Y	E	R	Q	M	S	A	O	P	R	A	I
M	M	B	E	N	U	M	M	I	U	G	N
P	E	C	A	X	A	H	X	N	S	L	T
T	N	E	E	D	L	E	S	D	F	V	R
O	F	S	R	P	C	W	U	M	C	O	A
M	H	Y	B	L	O	O	D	J	A	N	V
C	O	M	M	U	N	I	C	A	B	L	E
G	R	P	H	I	T	S	D	U	P	K	N
L	Q	T	B	N	A	I	D	S	C	M	O
M	G	O	H	K	C	J	S	R	P	D	U
V	I	H	O	P	T	O	P	T	U	C	S

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LESSON OBJECTIVES

II.A-5. Explain the physical effects of HIV and AIDS.
II.A-7. Explain and analyze differences between HIV infection and AIDS.

ASSESSMENT CRITERION

Illustrate the function and components of the immune system through drama.

ACTIVITIES & STRATEGIES

After a study of body systems, teach about the immune system. Basic concepts about the immune system are important for students to develop so they can begin to understand about HIV infection and the diseases and conditions that make up AIDS. Define the words *immune* and *immunity*. Ask: "What diseases are you immune to? Why?"

Review the first defenses against diseases: skin, tears, saliva, mucus, body oils, perspiration, cilia, stomach acid. Tell students that you will now explain what happens when germs—or pathogens—get past those defenses. The concepts and processes include:

- White body cells identify, surround, and destroy the pathogens. They fight in basically two ways: one, by forming antibodies that attach themselves to the pathogens; two, they surround and digest the pathogens.
- When the pathogens are out of control and spreading fast , another line of defense goes into action: helper T cells take messages to the lymph system.
- The lymph nodes make special new T cells called killer T cells which enter the blood stream to keep the infection from spreading.
- Lymph nodes also make B cells which are the cells that form the chemical weapons called antibodies. These antibodies also enter the blood stream and join the fight.
- Once the fight has been won, some of the killer T cells and the B cells remain in the blood stream as memory cells which retain the ability to fight that particular pathogenic infection if it should return. Memory cells give a person immunity to a disease.
- Immunizations provide immunity to some diseases by giving a small dose of a disease so the body can build up immunity.

Assign all underlined words as roles in a drama entitled "The Body's Fight Against Disease." Make certain areas in the classroom staging areas and label them lymph nodes and blood stream. Later, designate some antibodies polio and diphtheria; have attacks by polio- and diphtheria- causing pathogens. Have each student make a large sign to wear, naming his or her role. You may participate as the narrator.

RESOURCES & MATERIALS

ACTIVITES & STRATEGIES (continued)

Relate these concepts to HIV/AIDS—i.e., the HIV virus that causes AIDS destroys many of a person's T cells so that the person is unable to fight off infections. The virus does not kill people, but the infections do.

Many AIDS-caused deaths, for example, are caused by pneumonia. Also, stress that the tests for AIDS are actually blood tests to check for HIV antibodies.

Option:
For advanced students, request they take the basic concepts presented and discuss why it may be dangerous and difficult to immunize against HIV, why a person who is newly HIV-infected may not have antibodies, and why some persons are HIV-infected and do not know it.

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Health **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.C-2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Report information about polio, past and present implications.

ACTIVITIES & STRATEGIES

Ask a student (or students) to research the communicable disease poliomyelitis (polio). Questions to have the student answer are:
- What are early signs of the illness?
- What can be the result of polio?
- What causes polio?
- Who is Dr. Jonas Salk?
- Describe the polio vaccine and the period of life when 't is commonly given.
- Is polio still a health threat in the U.S. today?

Ask the student to tell the class about what he or she found about polio. (Review the student's information to assure accuracy and clarity.) After the verbal report, ask students to talk to a grandparent (or other older relative or friend) about polio. Questions to ask:
- What do you remember about polio?
- Did you know some one who had polio?
- How was that person affected by polio?
- Do you remember what your parents told you about polio?

Ask students to report responses to the class, either in written or oral form.

Closure: Help students understand that polio was a frightening disease caused by a special virus. Scientists worked hard to develop a vaccine that would protect people (mostly children and young adults) from polio. The vaccine now keeps us safe from the crippling effects of polio.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Language Arts **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.

ASSESSMENT CRITERION

Identify and explore feelings associated with illness and disability.

ACTIVITIES & STRATEGIES

The teacher will lead a discussion on the topic, "What it is like to be ill."
Questions for discussion:

- When was the last time you were ill?
- Were you isolated?
- What is it like being isolated?
- How did you feel knowing you were going to get better?
- How did people treat you?
- How did you wish you were treated?
- What changes occurred in your family when you were ill?
- What do you think it would feel like to have a disease that does not go away?

Divide the class into five groups. Ask the following questions and let a spokesperson for each group report to the entire class on the group's discussion:

- If one of your friends had a cold, would you play with him or her?
- If one of your classmates had cancer, would you play with him or her?
- Would you visit a neighbor who was confined to a wheelchair?
- Would you attend a birthday party for a friend who had a scar on his or her face?
- Would you help a new blind student find the cafeteria at school?

Ask each group to list three ways each of these persons listed above are just like us. Ask students as individuals to write a paragraph responding to the following statement: "If I had cancer, the way I would want to be treated is. . ." (Select or let students select different options: blind, in a wheelchair, etc.)

Ask for volunteers to share their paragraphs with the class.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

English language arts. Integrated writing and language concepts and skills, using written and oral composing processes to plan and generate both written and oral compositions for a variety of purposes and in a variety of modes. The student shall be presented opportunities to gather information and ideas from a variety of sources including personal experiences and literature and share products of composition in a variety of ways.

LESSON OBJECTIVES

III.B-2. Set and pursue appropriate short-term goals.
III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Examine personal characteristics; modify those that negatively impact behavior.

Language Arts **Grade 5**

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask the students to study the worksheet, "How Do You See Yourself?" Explain that this checklist is designed to help students think about themselves. No answers are right or wrong. Tell the class to mark the answer that most clearly tells how they feel about the statement.

Remind the students that one of the characteristics of people with high self-esteem is positive self-talk (i.e., "I feel great," "I know I can do a good job on that assignment." Ask the students to place a star by two statements that they feel good about. Next, ask the students to think about these statements for a few minutes. Tell them to experience the feelings they have when they agree with the positive statements. Now, have them put a star by the two statements that make them feel worse about themselves. From these two starred statements, ask them to pick one they would most like to change. Ask them to think about why they haven't changed these aspects of themselves. Ask the students to individually examine what to do to make these changes.

Ask students to write a paragraph on one of the personal statements. Remind students to use affirmation statements in their paragraphs. Avoid using the word "no" in your affirmation. Ask for volunteers to read their paragraphs to the class.

As a closure, ask students to discuss how practicing affirmations can enhance self-esteem. Ask, "Can you begin taking responsibility for happiness in your own life?"

RESOURCES & MATERIALS

Worksheet: "How Do You See Yourself?"

Book suggestion:
Secrets Aren't (Always) for Keeps, Aiello, Barbara and Shulman, Jeffrey

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ESSENTIAL ELEMENT

English language arts. Writing. Using a variety of techniques to select topics and to generate material to write about those topics. The student shall be provided opportunities to select and narrow a topic for a specific purpose.

NAME______________________________ DATE____________________

HOW DO YOU SEE YOURSELF?

______1. I like myself.

______2. I accept myself as I am.

______3. I have a good friend.

______4. Every day I am gaining more knowledge.

______5. I choose healthy decisions.

______6. I love and appreciate my family.

LESSON OBJECTIVE

II.B-4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

ASSESSMENT CRITERION

Read and make an oral report on scientists involved in health research.

Language Arts **Grade 5**

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask the school librarian to access and group books on scientists who have been involved in health research. Include such persons as Louis Pasteur, Jonas Salk, Marie Curie, and Edward Jenner.

Assign each student to read about a famous scientist. Ask each to make a short oral report to the class. Information to provide in the report should include:
- name, nationality, profession of the scientist
- discovery for which the person is famous
- decade when the discovery was made
- what student imagines the scientist was like, at ages 10-11.

RESOURCES & MATERIALS

School libraries

ESSENTIAL ELEMENT

English language arts. Integrated listening and speaking behaviors to receive and produce meaning. The student shall be provided opportunities to develop skill in using the conventions of English to produce effective oral communication.

LESSON OBJECTIVE

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.

ASSESSMENT CRITERION

Write a personal letter about careers of interest.

Language Arts Grade 5

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

In small groups, have students discuss professions, careers, and jobs that interest them. Have a volunteer recorder list these in each group. Ask each group to identify and note the interests and skills needed for each job. Also, have them note what kind of training is necessary for each. You should be a ready reference if they are unsure about the requirements in aptitudes and education.

Ask a volunteer from each group to report to the class. Write all careers/jobs on the chalkboard.

Ask each student to write a letter telling a parent, grandparent, or big brother/sister about the career/job that he or she thinks would be of interest as an adult. Use a textbook or an overhead transparency to review the conventional letter format. In the letter, the student should tell what training and education the job requires and should write what he or she is doing now to be ready for a good future. Also, the student should ask the person to whom the letter is addressed what he or she thinks about the career/job interest expressed.

After you read each letter privately, encourage the student to take the letter to the person to whom it was written.

RESOURCES & MATERIALS

Chalkboard

Overhead projector and transparency

ESSENTIAL ELEMENT

English language arts. Integrated writing and language concepts and skills, using written and oral composing processes to plan and generate both written and oral compositions for a variety of purposes. The student shall be provided opportunities to write using a variety of correspondence formats.

Mathematics **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-14. Examine issues of confidentiality and public reaction relative to HIV-infected persons.
II.B-3. Describe school policies and procedures regarding injuries, illness, and diseases.

ASSESSMENT CRITERION

Recognize and demonstrate responsible behavior as a social responsibility.

ACTIVITIES & STRATEGIES

After students have completed the worksheet, "I'm Important to Know," discuss confidentiality:

- What does it mean?
- Why is it important?
- Who is responsible for keeping school health records confidential?
- If students have studied about HIV/AIDS, tell them that HIV test results are confidential. The laws say who can know, and those people must keep the results confidential. A person can be charged with a crime if he or she breaks the law.
- Why is it important to keep the identity of a person with HIV infection or AIDS confidential?
- Why would it be necessary for you or me to know?
- A person with HIV/AIDS is free to release his or her own test results. In what instances may he or she do that?

Remind students that HIV/AIDS is not transmitted by casual contact—touching, eating together, etc. — or by being friends or teammates with the infected person.

Option:
For advanced students, consult the Appendices for additional legal information on confidentiality.

RESOURCES & MATERIALS

Worksheet: "I'm Important to Know"

Teacher Tip

This activity can be helpful if reports of an AIDS case are circulating in the community and school.

IMPORTANT TO KNOW
Answer Key to Hidden Message

SOME PERSONAL RECORDS ARE CONFIDENTIAL

ESSENTIAL ELEMENT

Mathematics. Operations and computation, their properties, and their uses. The student shall be provided opportunities to solve problems involving addition, subtraction, multiplication, and solve division problems with divisors that are less than 10 or multiples of 10 using the division algorithm.

NAME______________________ DATE______________

IMPORTANT TO KNOW

To find the hidden message, solve these addition, subtraction, multiplication, and division problems.

10 36 46 4   70 4 23 10 36 40 31 3

23 4 41 36 23 630 10   31 23 4

41 36 40 72 39 630 4 40 112 39 31 3

A: 15 + 16
C: 82 ÷ 2
D: 35 x 18
E: 12 - 8
F: 12 x 6

I: 13 + 26
L: 15 ÷ 5
M: 78 - 32
N: 21 + 19
O: 108 ÷ 3

P: 5 x 14
R: 42 - 19
S: 120 ÷ 12
T: 14 x 8

LESSON OBJECTIVES

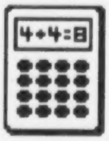
III.A-1. Access factual information on some communicable diseases.

III.A-5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.

ASSESSMENT CRITERION

Identify and graph incidences of communicable diseases.

Mathematics Grade 5



5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Discuss common childhood communicable diseases; list on the chalkboard or overhead transparency. Ask each student to talk to a parent or grandparent about all diseases the student has had since birth. Students may have to call their clinic or doctors' offices to secure information from medical records. Remind students not to forget about diseases like colds that records may not show.

After students have secured their personal information, organize a class activity of tabulating the numbers of students who have contracted each disease. Make a table or graph with the information. Illustrate the graph on an overhead or chalkboard.

Ask each student to take the graph home to an adult. Students may report the adult's comments the next day.

In conclusion, discuss preventive measures related to communicable disease.

Option:
Role-play calling the clinic or doctor's office to ask for personal information.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Mathematics. Probability, statistics and graphing. The student shall be provided opportunities to collect, organize, and interpret data to solve application problems and explain the decision that needs to be made before constructing a graph.

LESSON OBJECTIVE

I.B-12. Explain the critical importance of prevention of HIV infection.

ASSESSMENT CRITERION

Recognize how viruses, including HIV, cause disease.

Science **Grade 5**

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Remind students that all living things are made of some kind of cells. Cells are the building blocks of the human body. Ask students to name the different kinds of body cells they have studied.

Explain that usually cells are healthy without disease but sometimes cells are attacked directly by disease microbes. The four main groups of microbes are fungus, bacteria, protozoa, and viruses.

Focus on viruses. A virus is the smallest microbe. Viruses are tiny pieces of protein or living matter. Viruses live in all kinds of cells, but each virus lives only in a certain kind of cell. The virus takes control of a cell when it invades it. It causes the cell to produce more viruses. Soon the cell is a virus factory which is full of viruses. Then it bursts open, scatters the new viruses, and dies. The new virus finds other cells to invade.

To demonstrate visually how a virus destroys cells, place a Pyrex dish on the overhead projector. Pour a sufficient amount of white vinegar into the dish to cover the bottom. Use drops of food coloring to represent cells and baking soda to represent a virus. After dropping coloring into the vinegar, sprinkle with baking soda to show how a virus may destroy cells.

Ask what are some diseases caused by viruses? (flu, colds, chicken pox, measles, mumps, HIV/AIDS)

The HIV virus attacks certain white blood cells called helper T cells. The role of helper T cells is to signal other white cells to destroy microbes. When these helper T cells are attacked and destroyed, the body's system for fighting diseases is weakened. The body then may develop all kinds of infections and diseases. Most people with AIDS die. People who have AIDS die of these other diseases which the body can no longer fight—diseases like special kinds of cancer and pneumonia. These diseases all together are called AIDS. There is no vaccine for HIV and no cure for HIV infection.

RESOURCES & MATERIALS

Clear Pyrex dish, vinegar, food coloring, baking soda

Overhead projector and transparency

Book suggestions:

Cells and Tissues, Le Masten, Leslie Jean, Children's Press, 1985

Cells, Fichter, George S., Franklin Watts, 1986

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Science Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-3. Identify differences between some communicable and noncommunicable diseases.

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Research and report on specific communicable diseases.

ACTIVITIES & STRATEGIES

Develop a list of communicable diseases for student reports. Give students a format for their reports. Ask each student to do a webbing activity with a disease in the center and relevant subtopics branching from the center. Check these before students begin their research and give them more subtopics if necessary.

Questions that could be answered about each disease include:

- Does this disease occur mostly in childhood, adulthood, or both?
- How is the disease transmitted?
- Is there a vaccine to protect against this disease?
- What are the symptoms?
- How is it treated?
- What are the physical effects of this disease?

For each disease, ask a volunteer to report to the class.

Some diseases to include are:

- flu
- polio
- tuberculosis
- hepatitis B
- measles
- mumps
- athlete's foot
- pink eye
- chicken pox
- cold
- impetigo
- meningitis

You may want to ask the librarian to place a number of reference books on reserve for the students. Tell students where they can find these resources.

Conclusion: Discuss how these diseases are alike and how they are different.

RESOURCES & MATERIALS

Book suggestion:
I Don't Feel Good, Lammers, Jane W.
Network Publications, 1991

Teacher Tip

Add HIV/AIDS only if students have studied concepts of human growth, development, and sexuality.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

LESSON OBJECTIVES

II.B-4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.

III.A-7. Access and critique information on communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Access and analyze information from health resources.

Science **Grade 5**

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask students to name some diseases that can be transmitted from an infected person to an uninfected person. Add to the list; include AIDS if it has not been named. Ask students what they have heard about AIDS. Write these comments on the chalkboard. Ask if everything they've heard is true. Then ask "Where can we get the facts?" Discuss inviting a health professional to speak to the class. Choose a health professional to invite; the school nurse may be the most appropriate because she is knowledgeable about cognitive and developmental levels of students.

To facilitate a productive presentation, assign the following tasks: copy the comments made by the class, invite the speaker, mail the comments to the speaker, meet the speaker in the school office, introduce the speaker to class, write a thank you note to the speaker, mail the note, etc.

Use the Teacher Resource to ensure that the speaker's presentation is appropriate. Also, if a parent of a student is a health professional, consider inviting that person to be the speaker.

For the class session after the presentation, project the original list of comments on an overhead transparency. As a class, review and correct each incorrect statement. Reinforce each correct statement.

RESOURCES & MATERIALS

Chalkboard and overhead projector and transparency

Health professional

Teacher Resource

ESSENTIAL ELEMENT

Science. Relate objects and events to other objects and events. The student shall be provided opportunities to relate knowledge and skills of science to careers.

Guest Speakers

Be certain that speakers:

- know age, grade level of audience and if audience is a special population—i.e., school-age parents.
- know objectives you as a teacher have identified for presentation—not in educational jargon but "I would like the students to learn more facts about STDs to help them make healthy personal decisions."
- know what the class has studied previously on the topic.
- know the number of students in each session and total number to provide sufficient hand-outs. (For most effective presentations, limit audience number. The least effective setting is an auditorium filled with students.)
- have necessary audiovisual equipment, and that you have previewed audiovisuals.
- know what school district guidelines are regarding controversial topics—i.e., condom demonstrations, school-age sexual activity, graphic slides, alternative life styles, etc.
- know the exact amount of time available for each presentation.
- are appropriately introduced, and properly acknowledged for their time and contributions. (Thank you's from classes can be assigned to individual students.)

Science Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.A-5. Explain the physical effects of HIV and AIDS.
II.A-7. Explain and analyze differences between HIV infection and AIDS.

ASSESSMENT CRITERION

Recognize that persons can be HIV-infected and not show signs of illness.

ACTIVITIES & STRATEGIES

Before class, prepare an unpeeled banana by inserting a sewing needle into it and making a slice that does not show on the outside. Continue to slice down the banana in this manner several times.

Show students a banana that has not been sliced and the banana that has been sliced.

Ask students to tell the difference between the two bananas as you hold them up. Accept any descriptions they give and categorize each answer as describing the outside of the bananas. Now have them try to tell what's different about the inside. When they can't, peel both bananas and show the difference.

Relate this to not being able to tell if someone is HIV positive by just looking at them, because until the virus breaks down their immune system enough to prevent them from fighting off disease they won't look sick but they can still spread the disease. Explain HIV/AIDS is spread through some body fluids like infected blood.

Explain that even if a person is not ill and looks healthy, there is a special blood test he or she can have that will show if the body has started to fight the HIV infection. The body will be making antibodies to fight the infection. The antibody will show up in the test. People who think they may have HIV can go to a clinic for that test.

People who are HIV-infected may not show signs of illness for as long as 10 years. If they know they are HIV-positive, they may take drugs to slow down or reduce symptoms. Other people who are HIV-positive may become sick much quicker. People who have AIDS (or the diseases caused by HIV) are unable to fight off diseases because their immune systems are damaged. Serious diseases that are common among people with AIDS include rare cancers and pneumonia. Most people with AIDS become sick and die.

RESOURCES & MATERIALS

Two bananas, one sewing needle

Teacher Tip

If students have studied concepts of healthy sexuality, expand how HIV/AIDS is spread via sexual intercourse.

ESSENTIAL ELEMENT

Science. Apply defined terms based on observations. The student shall be provided opportunities to apply knowledge of theories, facts, and concepts in explaining observations in experimental and controlled situations.

Science **Grade 5**

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Differentiate the possible avenues of HIV infection associated with adult behaviors versus those associated with the behaviors of children.

ACTIVITIES & STRATEGIES

Write the words *teacher aide, Band-Aid, first aid, Kool Aid*, and *AIDS* on the chalkboard. Define the first four, pointing out that although the words sound the same, the meanings are different.

Ask students what they have heard about AIDS. Write or list their comments on the chalkboard.

Explain: AIDS is a serious condition caused by a virus called HIV. People who have AIDS die because we don't know how to vaccinate against HIV yet or know how to cure HIV infection. Some people have the virus and don't know it because they are not sick with AIDS. They could give the virus to someone else even if they aren't sick.

AIDS is mostly an adult and teenager disease. The few young children who have AIDS are babies born to infected mothers and children who had HIV infected blood transfusions. Now blood is screened in this country so we don't have to be afraid of transfusions.

HIV is transmitted through the sharing of certain body fluids like blood. This means the infected person's blood gets into the blood of a person who is not infected. Some people have also gotten the virus by having sex with someone who has it.

Children should be careful not to touch infected blood—i.e., don't do the blood brother ceremony and pick up a dirty needle, blood-stained tissues, bandages, or clothes. If someone else's blood gets on you accidently, wash your skin with soap.

Children should not be having sex; it is against the law. No one should touch the 'private parts' of a boy or girl. And no adult or teenager should ask a boy or girl to touch the grown-up's 'private parts.

HIV is not transmitted by casual contact. Casual contact means the everyday things we do with people. We sit next to them, we may hug them, we touch them when we shake hands or do a high five, we drink from the same fountain, we play with them in gym, etc. People do not have to be afraid of becoming HIV infected by just being near or being friends with a person with HIV/AIDS.

Now return to the list of students' comments about AIDS on the chalkboard and correct/clarify/expand each item as needed.

RESOURCES & MATERIALS

Chalkboard

Teacher Tip

The sexual activity reference can be expanded if the students have already studied healthy and responsible sexuality lessons. This lesson is particularly appropriate if rumors of a child or adult with HIV are circulating in the school or community. In addition, the principal and/or superintendent will follow appropriate policies and procedures; see Appendices.

Book suggestions:

Does AIDS Hurt?, Quackenbush, Marcia; Villarreal, Sylvia, Network Publications, 1988

A Drop of Blood, Showers, Paul, 1989

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Science Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-4. Avoid/minimize behaviors that may lead to disease, illness, and injury.

ASSESSMENT CRITERION

List behaviors that enhance one's own wellness.

ACTIVITIES & STRATEGIES

Write the word *accident* on the chalkboard. Ask students to look up definitions and suggest which definition to write with the word. Talk about some of the incidences we call accidents—are they really accidents or are they consequences of carelessness, ignorance, or perhaps even intentionally? How can we prevent these incidences?

Emphasize that to a great extent we are in charge of our own actions and our own wellness. Sometimes we choose behaviors that can put us in danger and/or can cause illness. What can we do to prevent injuries and to keep well and healthy? Divide the class into four groups; give each group a specific setting—in school, on playground, at home, and in the neighborhood. Ask each group to list behaviors that will prevent injuries and illnesses in these settings. Circulate among the groups and suggest they include good health habits as well as safety suggestions. Have each group report to the class; ask class members if they have additional suggestions.

At the appropriate times during the reports, encourage antivictimization behaviors. Discuss ways to handle blood/discarded needles/sharp objects, who to access for assistance, and ways to handle other problems students of this age may encounter. (See Appendix H.)

Conclude with this open-ended sentence: "Most accidents are not really accidents because..."

RESOURCES & MATERIALS

Chalkboard

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Discuss role models and their significance in lives of students.

ACTIVITIES & STRATEGIES

Talk about people whom students admire and whom they would like to emulate. Write names of these persons on the chalkboard. If students do not mention some family members and local community and school people, ask them about people in the family, school, and community who are special to them.

As a group activity, look at each role model on the list and discuss what makes that person special and unique. In addition, talk about what that person does to develop and maintain his or her uniqueness and special attributes.

Ask if persons on the list are the same; they will be different in many ways. Emphasize the uniqueness, the dedication, and the hard work of each.

Closure: "I admire ______________________________ because..."

Option:
Develop a "Heroes and Heroines" bulletin board. Ask students to contribute pictures they have drawn or clipped from magazines or newspapers. A student must tell what he or she admires about that person before adding the picture to the bulletin board.

RESOURCES & MATERIALS

Chalkboard

Book suggestions:
Positively Different, Matiella, Ana Consuelo, Network Publications, 1991
Thank You, Robinson, Jackie and Cohen, Barbara, 1988

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Identify and practice appropriate responses to peer pressure.

ACTIVITIES & STRATEGIES

Ask students what they have learned about responding to someone who asks them to do something wrong and/or unhealthy. (Most will have learned: say "no," get away, tell someone.) As students become older, these responses may become too simplistic and problematical—i.e., students may not want to risk a friendship and can learn peer refusal and reversal skills to keep the friend and *to* avoid participating in the unhealthy behavior.

Ask students what they can do or say to keep the friend and avoid the behavior, too. Write suggestions and methods on the chalkboard; some to include are the following:

- Repeat the request, follow with problems you see with it. (1)
- Make a joke, keeping it light. (2)
- Blame your refusal on some adult (parent, coach, teacher, etc.). "My dad would kill me!" (3)
- Respond with an "I" statement that expresses your concerns and feelings. (4)
- Suggest something else that is okay. (5)

Practice using these responses. Ask students to suggest some requests they are familiar with and as a class come up with responses. Then divide the class into five groups; give each group *one* of the numbered responses above. Pose situations that involve requests and have each group caucus and respond with its particular type of response. Situations could include:

- Bill comes over to your house and has a six-pack of beer in a sack. He wants to share it with you. He calls you a wimp when you refuse.
- Aurelia says no one will miss you from gym. There's a substitute teacher today. She wants you to skip last period with her.
- You really like Lionel. He's your first real boyfriend. His folks aren't home, and he wants you to come over. "Tell your mom you're going over to Sherie's," he says.
- Roberto's brother gave him a joint. Three of your friends are smoking it in Roberto's garage. You don't want to try it, but they are pushing you.

RESOURCES & MATERIALS

Five cards with one numbered technique on each

Chalkboard

Book suggestions:

In This Proud Land: The Story of a Mexican-American Family, Wolf, Bernard, 1986

Annie and the Old One, Miles, Miska, 1985

ESSENTIAL ELEMENT

Social studies. Social studies skills/processes. The student shall be provided opportunities to apply decision-making skills and recognize consequences of decisions.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.A-3. Examine feelings and behaviors experienced by persons as a result of diseases.
III.C-1. Demonstrate ways to help others who experience problems.

ASSESSMENT CRITERION

Examine possible ways of showing care and concern for persons who are seriously ill.

ACTIVITIES & STRATEGIES

This lesson is a joint project which may be undertaken at the beginning of the semester. The purpose is to assist the children in learning about each individual, while developing a sense of community. As a class, ask students to create a group poster or mural about:

- history of the town or school (using old snapshots, newspapers, maps, researched stories)
- foreign countries students have visited using stories and pictures (postcards, recipes, costumes)
- history of the students' lives (growth project: then, now, when, baby picture, current pictures that illustrate a future goal)

After displaying the group poster or mural, ask for volunteers to explain their contribution.

Ask the class:

- How can a serious disease affect a community?
- Can you name a disease like this? Fifty years ago? This current year?
- How can a community care and foster a sense of compassion to persons seriously ill?

As a group, have the class design holiday cards to send to senior citizens in nursing homes, persons in hospices, or persons in hospital.

RESOURCES & MATERIALS

Scissors, poster board, newspapers, maps, pictures, postcards, costumes

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ESSENTIAL ELEMENT

Social studies. Psychology, Sociology, and Anthropology. The student shall be provided opportunities to demonstrate the multicultural diversity of the United States through a variety of activities or performances related to art, music, literature, dance, and architecture.

LESSON OBJECTIVES

- III.C-3. Recognize and value differences and similarities in individuals and families.
- III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Develop and practice healthy attitudes toward self and others.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Distribute the worksheet, "Interest Inventory," for each student to complete.

Begin to review the survey by calling out particular numbers on the sheet. For example, "Number 11 — who takes care of your room?" Obtain a sampling of answers to give the class an idea of the similarities and differences among the class members.

Emphasize the idea that people with different experiences and different likes are what make this class more interesting for everyone.

Ask students to take the worksheet home and ask their parents to guess what answers they have on the sheet.

As a alternative procedure for sharing responses from students, you can have students interview one another in small groups.

RESOURCES & MATERIALS

Worksheet: "Interest Inventory"

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

NAME______________________________ **DATE**____________________

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I am an interesting person to other people.					
It takes me a long time to get used to anything new.					
I don't like the way I look.					
I have trouble controlling my feelings.					
I have ambition to achieve to the very best of my ability.					
If a friend were in trouble, I would probably drop him or her rather than get involved.					
I do not get really made very often.					
I seem to be tired a lot.					
I handle most of my problems well.					
I am happy most of the time.					
I find it hard to get along with people.					
I don't finish most things I start.					
I always try to be fair.					
I try to do what I think is right.					
I am seldom at ease and relaxed.					
I wish my body were shaped differently.					
I don't know what to do in many situations.					
I like to meet new people.					
I have lots of confidence in myself.					
I am a strong person.					
I solve problems quite easily.					
Criticism doesn't upset me if I feel I have tried to do my best.					
I always look out for myself first.					
I don't get jealous easily.					
I am poor at making things with my hands.					
I often act on the basis of feelings and emotions rather than on reason.					
I am a healthy person.					
I give in easily.					
I keep up with my homework.					
Others will often follow my ideas.					
I can make up my mind and stick to it.					
I pay attention in class.					

Adapted from *The Birds, The Bees and The Real Story, A Teen Handbook on Sexuality*, with permission from Network Publications, A Division of ETR Associates, 1980, Santa Cruz, CA.

LESSON OBJECTIVE

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Improve decision-making abilities and social responsibilities.

ACTIVITIES & STRATEGIES

Discuss with the students:
How often do you think you do things just because your friends are doing them? Why?

Discuss whether the students feel they make the most of their own decisions. Ask them to give some examples.

Play the game of "Simple Simon" with the students.
- Each may have an opportunity to be the leader. Discuss how it feels to be the leader.
- How did it feel to be a follower? Were you comfortable in both roles? Were you more comfortable in one of the roles? Which one?

Talk about role models.
Ask: "Who is the person you would most want to be like? Why?"

Name a person from each category in the following areas you would most admire. Write a profile about that person.
- an actor or actress
- an athlete
- a TV character
- an older friend or sibling
- a parent
- a political or religious figure

Research a story of a person who went against the tide and followed what he or she believed, even though the majority disagreed.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to identify traits of democratic leadership and respect rights of people to behave in ways consistent with personal and societal value systems.

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Practice skills to identify a problem, develop solutions, predict consequences, and choose the solutions.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Develop skills for making healthy decisions. Explain to the class that this lesson will involve practicing decision-making skills in a real-life situation.

Using a large piece of poster board, prepare an item and price chart that is visible to all students.

Tell students that they each have $100 to spend. Allow 10 minutes for each student to write a list of items from the chart they wish to buy. Rules: each student only has $100, and no credit is available. Students must make decisions that fall within their budgets. When students have spent their $100, ask several class members to share what they have purchased with the rest of the class. Students should ask themselves, "What do I get from this decision?" Encourage students to look at their choices and ask themselves why that decision is important to them; they can question one another in the same manner.

RESOURCES & MATERIALS

Item and price board, markers, pencil, and paper for each student

Suggestions:

Trip to Six Flags	$ 90
Bicycle, used	$ 60
To stay up as late as you like	$ 10
Motorbike, used	$ 100
Gallon of ice cream	$ 5
Free play time on weekends for three months	$ 10
Art supplies	$ 10
Decide when and what you want for dinner for six months	$ 80
Candy	$ 5
Have no one tell you what to do for 6 months	$ 80
Dinner in a restaurant	$ 15
All A's on a report card for one year	$ 90
Chance to be on TV	$ 50

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to and behave in ways consistent with personal and societal value systems.

Social Studies Grade 5

5

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-4. Describe the personal challenges experienced by PLWAs, their families, and others.

ASSESSMENT CRITERION

Develop a time line to illustrate events in the lives of the Ray boys.

ACTIVITIES & STRATEGIES

Tell students the true story of the three Ray boys.* All three boys are hemophiliacs who were infected with HIV through blood transfusions. HIV is the virus that causes AIDS. Explain that hemophilia is a disease some people are born with. A person with hemophilia might not stop bleeding when he or she is hurt or cut because the disease keeps the blood from clotting. Hemophiliacs take special medicines made from other people's blood. Remind students that HIV can live in blood. Some of the medicine the Ray boys received was HIV infected. At that time, before 1985, doctors and scientists didn't know that HIV could be spread through contaminated blood. Now, since 1985, blood and blood products are checked in the U.S. for HIV antibodies. Also, blood donors are limited to people with healthy behaviors.

This is important: If someone needs a blood transfusion now they should not be afraid. Scientists have learned much about AIDS, how people get AIDS, and how to keep blood safer. Also, to give blood is not dangerous; a disposable needle is used to draw blood from a donor.

Ask students to develop a time line showing the following events:

- Ray boys are diagnosed as hemophiliacs.
- Safer blood transfusions are available after 1985.
- Ray boys each contract HIV.
- Ray boys receive blood transfusions before 1985.
- The Rays' home is burned by people who are afraid of AIDS.
- The Ray family is welcomed in another town where people know HIV is not transmitted by casual contact, i.e., just by being friends.

Ask students to complete this sentence: "What I learned about blood transfusions is. . ." Ask volunteers to share; correct any misconceptions.

* People in the town where the Rays lived were so afraid of catching AIDS that someone burned the Rays' house down. In another town, people learned the truth about HIV and welcomed the Ray family.

RESOURCES & MATERIALS

Book suggestions:

Does AIDS Hurt?, Quackenbush, Marcia; Villarreal, Sylvia, Network Publications, 1988

Friends for Life, Aiello, Barbara and Shulman, Jefrey

ESSENTIAL ELEMENT

Social studies. Social studies skills/processes. The student shall be provided opportunities to place historical events in proper sequence.

Notes

Notes

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

Sample Lessons

GRADE
6

Texas Education Agency

ESR III

LESSON OBJECTIVE

I.A-4. Describe HIV/AIDS.

ASSESSMENT CRITERION

Depict through art, the action of white blood cells.

ACTIVITIES & STRATEGIES

Provide students with the information on white blood cells, read from the Teacher Resource, or project this information on an overhead transparency. Ask students to depict, using any medium available, what they imagine these paragraphs portray.

Drawings do not need to be biologically correct.

Ask students to note the action depicted: white cells forming antibodies that attach themselves to germs (pathogens) and white cells attacking, surrounding, and digesting the pathogens.

RESOURCES & MATERIALS

Teacher Resource: "White Blood Cells"

Transparency

Paper, colors or other medium
Overhead projector and transparency

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media including drawing, painting, printmaking, constructing and modeling three-dimensional forms.

WHITE BLOOD CELLS

The blood cells that guard the body against disease and infection are the **white blood cells**. They are larger than red blood cells in the body. The production of white blood cells increases when the body has an infection. White blood cells generally stay in the bloodstream for less than 12 hours.

White blood cells fight infections in two ways. One is by forming substances called antibodies. **Antibodies** are proteins that destroy disease-causing organisms. White blood cells attack with their second method of fighting infections. They surround and digest the bacteria. While fighting infections, some white blood cells are killed as well as the bacteria. Some of the surrounding tissue cells are also killed. These dead cells plus tissue fluids and living white blood cells form pus.

White Blood Cells

It is important to note the following:

- White blood cells are larger and fewer than red blood cells.
- Most white cells are found in the lymph nodes not the blood stream; they enter the blood stream to fight an infection or to repair damage.
- White cells can recognize specific poisons and infections and can produce just the right antibodies to fight each kind.
- HIV, the virus that causes AIDS, attacks and kills certain white cells, the helper T cells.

Fine Arts **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Create artwork that depicts the origin of forefathers.

ACTIVITIES & STRATEGIES

Ask students to name countries from which their American forefathers immigrated. Ask them which people are the only true natives in this country. Ask students to talk to a parent or grandparent to confirm country (or countries) of origin of their family.

Provide students with a variety of materials to produce an art work which depicts or suggests their individual countries of origin. Small paper or cloth flags for example, would be appropriate visual mediums to use for this activity.

When the art work is complete, have the class guess which country is depicted as one of the ancestral countries of each student.

RESOURCES & MATERIALS

Poster board, string, yarn, scissors, paper of various colors, texture and weights, cloth scraps, etc., markers, crayons, chalk, etc.

ESSENTIAL ELEMENT

Art. Understanding and appreciation of self and others through art culture and heritage. The student shall be provided opportunities to develop art knowledge and judgement (person, home, and community).

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

Recognize influences of peer pressure and consequences of engaging in unhealthy behaviors.

ASSESSMENT CRITERION

Identify and practice self-responsibility skills when dealing with peer pressure

ACTIVITIES & STRATEGIES

On a large sheet of butcher paper using colored markers, make a three column chart labeled "Unsafe Practice," "Consequence," and "Healthy Behavior."

Under the "Unsafe Practice column," list items such as:
- using illegal drugs
- not brushing teeth
- not wearing seat belts
- smoking cigarettes
- not washing hands before eating

Have the students respond to each unsafe practice by telling the consequence of the activity and steps to avoid the unsafe practice.

Introduce the concept of peer pressure and have students share what they think it means. Explain that it's when friends try to get you to do something.

Divide the class into cooperative groups and assign them a situation that would model peer pressure and ask each group to pantomime it for the class. Each role-play situation should give the consequences of that activity and steps to avoid any unhealthy practices.

RESOURCES & MATERIALS

Butcher paper, colored markers

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The students shall be provided opportunities to identify daily practices that promote self-concept.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.
I.B-16. Identify self-esteem and personal skills as factors in making decisions about behaviors.
I.B-20. Describe the means through which HIV infection via sexual activity can be reduced.

ASSESSMENT CRITERION

Review HIV prevention tactics.

ACTIVITIES & STRATEGIES

Play a game similar to the TV quiz game "Beat the Clock."

- Obtain a kitchen timer with a bell.
- Obtain two noise makers so students can signal when they have an answer to a question.
- Divide the class into two teams.
- Give each team member on both teams a number from 1 to 20.
- To see which two will get a chance to answer a question, simply call out any two numbers (e.g., " four" for one team, "seven" for the other team).
- Team members cannot play twice until all other members have played once.
- Give one question from the Teacher Resource, "Beat the Clock Questions," for each new pair of contestants. Set the timer for 30 seconds as soon as the question is asked.
- The first person to sound his or her noisemaker gets to answer the question.
- Award points for correct answers.
- Subtract one point for wrong answers.
- The team with the most points wins.
- Make sure students know the correct answer before moving on to the next question.
- If the timer goes off before either of the team members responds, two other contestants are chosen.

RESOURCES & MATERIALS

Timer with bell, two noisemakers

Teacher Tip

Use this activity after students have studied about healthy sexuality, reproductive systems, and about HIV/AIDS.

Teacher Resource: "Beat the Clock Questions"

ESSENTIAL ELEMENTS

- *Health. Concepts and skills that foster individual personal health and safety. The students shall be provided opportunities to identify daily practices that promote self-concept.*
- *Health. Health-related concepts and skills that involve interactions between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.*

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.
I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Identify modes of HIV transmission.

ACTIVITIES & STRATEGIES

Ask each student to draw a chart with two columns on construction paper, title one column "How HIV Is Spread." Title the second column "How HIV Is Not Spread."

Pass out the worksheet, "How HIV Is Spread."

Have students cut out cards from the worksheet and paste each card in the correct column on their construction paper.

In a group discussion, review the correct answers.

Option:
Use the cards to make a mobile describing how HIV is not spread and another mobile describing how HIV is spread.

Option:
Make a transparency out of the worksheet. Ask students to draw two columns, halving a sheet of paper. Designate one: HOW HIV IS SPREAD; the other, HOW HIV IS NOT SPREAD. Write modes of transmission under each of the columns.

RESOURCES & MATERIALS

Worksheet: "How HIV Is Spread"
Glue, construction paper, scissors

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Beat the Clock Questions

1. What does HIV stand for?
(Human Immunodeficiency Virus)

2. What are two parts of our immune system that fight germs?
(antibodies and white blood cells)

3. What does immune deficiency mean?
(The immune system is not able to defend the body against invaders like viruses and bacteria. When viruses, bacteria, or other germs get inside the body and try to cause illness, the while blood cells get busy and are usually able to get rid of the germs. The immune system helps a person to stay healthy. When one becomes sick, the immune system helps fight off the sickness.)

4. What does AIDS stand for?
(Acquired Immune Deficiency Syndrome)

5. What is one reason that antibodies and white blood cells cannot stop the virus that causes AIDS?
(The viruses can hide in cells and mutate.)

6. What are two benefits of maintaining abstinence from sexual intercourse?
(Prevention of HIV infection, other STDs, and pregnancy; fits with religion; no guilt, no bad reputation, no gossip; no child support; pleases parents; no mental and emotional stress.)

7. Can a person contract HIV from casual contact?
(No)

8. Give two examples of casual contact known not to transmit HIV.
(Students attending school with another student infected with HIV, person caring for family member infected with HIV, students attending a basketball game with another student who is infected with HIV, eating burgers at a restaurant with another student or family member who is infected with HIV, attending church with another student or friend who is HIV infected, and going swimming, skating, etc. with another student or family member who is HIV infected. There may be several variations that can be used as examples of casual contact.)

9. Can you contract HIV from kissing?
(HIV is not transmitted through dry kissing, but there is no scientific consensus on French kissing. Although the virus has been found in saliva in very small amounts, no cases of transmission through saliva have been documented.)

10. What body fluids transmit HIV from one person to another?
(semen, blood, and vaginal secretions)

11. Can HIV be passed by mosquitoes or other insects?
(No. Research does not indicate that insects are capable of transmitting HIV or that they have ever done so.)

12. How do children contract HIV?
(Most HIV-infected children have contracted HIV from an infected mother during pregnancy, childbirth, or breast feeding. A few became infected through blood transfusions they received before 1985.)

13. What are ways a person can keep from contracting HIV?
    - abstaining from sexual intercourse
    - not sharing infected needles
    - no blood to blood contact
    - no sharing of razors or tooth brushes

14. What are two ways a person can reduce the risk of contracting HIV?
    A person can reduce the risk of HIV infection by:
    - saving sex for a long-time adult relationship and using protection
    - washing with soap and water after contact with blood/blood spills

15. What does this statement mean: "It's not who you are but what you do that puts you at risk?"
    (HIV can effect anyone who engages in risky behaviors.)

16. What is self-respect?
    (being satisfied with your attitudes and behaviors; believing that you have self-worth and value)

17. What are three healthy qualities of a person with a good self-image or self-respect?
    (confidence when decisions are made, willingness to try something new that is healthy, ability to not let mistakes cause setbacks but to try again, ability to stand up against negative peer pressure, an assertive personality, ability to set goals for the future, willingness to ask for help if needed, etc.)

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-8. Gather and critique information to utilize in decision making and problem solving.

ASSESSMENT CRITERION

Practice identifying and gathering resources to help in decision making.

ACTIVITIES & STRATEGIES

Begin by asking students to imagine that they are in the public library searching for information. Who would they ask for help? Where could they look for help?

Ask students to think about situations in their lives when they have needed to seek assistance from particular people in particular places. For example: a math assignment. Where? (home) Who? (father, brother, mother)

Explain that in this activity students will be faced with a number of situations. Ask them to imagine for a moment that these situations are occurring in their lives and that it is necessary for them to decide who will be useful and where they might go for assistance.

Pass out the worksheet, "Who and Where: Resources." After completion, ask for volunteers to share their answers.

Option:
Divide the class into groups of two students each. Assign each pair to research or complete a worksheet. Or, assign one situation to each pair. After research, have pairs compose a variety of answers, not just one suggestion.

RESOURCES & MATERIALS

Worksheet: "Who and Where: Resources"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to relate the system of health services provided by the government to the health needs of the people.

NAME________________________ DATE________________

Who and Where: Resources

Directions: Read the following situations, imagining that you are the person named in the situation and have to find help for yourself. Write the names of people (who) and places (where) you might contact for assistance. Sometimes you may have several resources for the same situation.

Example: 1. Julio is lost and needs directions.

Who: ________________________________

Where: ________________________________

2. Varon has a sick pet.

3. Kevin is locked out of his house, and no one is home.

4. Shannika needs help with an art assignment.

5. Howard discovers a fire in the woods.

6. Rita finds a lost two-year-old child.

7. Guillermo needs to make a costume.

8. Jan's sister is using her things without asking.

9. Soccer season is starting, and Hector wants to join a team.

10. Helena's father's birthday is next week, and she wants to give him a present.

11. Tran's bicycle is missing.

12. Barbara's roller skates need to be repaired.

13. Jack is being harrassed by an older student.

14. Betty has questions about a disease.

15. O.J. needs more information and references for his report.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-4. Describe HIV/AIDS.
I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Recognize ways HIV is and is not transmitted.

ACTIVITIES & STRATEGIES

Review communicable diseases and introduce HIV to the list:

- colds
- sore throat
- flu
- hepatitis
- chicken pox
- measles
- HIV

Ask the class: "What do we know about HIV?"

- AIDS is a very serious communicable disease.
- People who have AIDS are very sick.
- A germ (virus) causes AIDS.
- This germ gets into our blood.
- The good news is this germ is hard to get.

Emphasize HIV is not acquired by:

- hugging and kissing
- classroom contact
- coughing and sneezing
- toilet seats, clothes, and dishes
- sharing food and pencils

Explain simply that HIV is only spread:

- when someone with the virus shares blood with someone else
- when someone with the virus has sexual intercourse
- when a mother with the virus has a baby

Emphasize and discuss:
It is okay to be around people who have HIV and not be afraid of them.

RESOURCES & MATERIALS

ACTIVITIES & STRATEGIES, CONTINUED

Label one side of the room "Communicable," the other side "Noncommunicable." Allow the students to choose which side of the room to go to when the teacher reads the name of the disease.

Option:
Dictate to the students a list of diseases and ask them to place them into two columns on their paper, Communicable or Noncommunicable. Request that students make a note out to the side of these columns which diseases are hard to get and which are easy to get.

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Review HIV terms.

ACTIVITIES & STRATEGIES

Divide the class into small groups. Assign each group one of the two word puzzles from the worksheets, "HIV Word Find (Puzzles A and B)." Upon completion of the puzzles, ask one group for Puzzle A and the other group for Puzzle B to present the answers to the class.

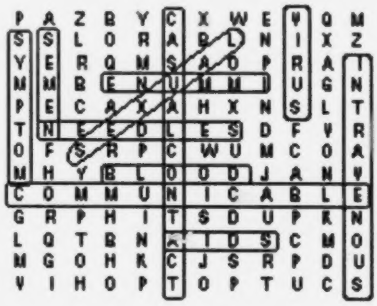
Ask students to write sentences containing words from Puzzle A using one word per sentence. Reconvene the small groups to check sentences. Serve as a reference when members of a group disagree.

Option:
Ask students to create their own word puzzles or crossword puzzles.

RESOURCES & MATERIALS

Worksheets: "HIV Word Find (Puzzles A and B)"
Teacher Resource, "Answer Key (Puzzles A and B)"

WORD FIND PUZZLE B
Key



P	A	Z	B	Y	C	X	W	E	V	Q	M
S	S	L	O	R	A	B	L	N	I	X	Z
Y	E	R	Q	M	S	A	O	P	R	A	I
M	M	B	E	N	U	M	M	I	U	G	N
P	E	C	A	X	A	H	X	N	S	L	T
T	N	E	E	D	L	E	S	D	F	V	R
O	F	S	R	P	C	W	U	M	C	O	A
M	H	Y	B	L	O	O	D	J	A	N	V
C	O	M	M	U	N	I	C	A	B	L	E
G	R	P	H	I	T	S	D	U	P	K	N
L	Q	T	B	N	A	I	D	S	C	M	O
M	G	O	H	K	C	J	S	R	P	D	U
V	I	H	O	P	T	O	P	T	U	C	S

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The students shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment .

NAME________________________________ **DATE**____________________

HIV Word Find Puzzle B

Find the following words in the puzzle below: Words may be read up, down, across, or diagonally and could be read forward or backward.

AIDS
Blood
Casual contact
Communicable
Immune
Intravenous
Needles
Semen
Sexual
Symptom
Virus

P	A	Z	B	Y	C	X	W	E	V	Q	M
S	S	L	O	R	A	B	L	N	I	X	Z
Y	E	R	Q	M	S	A	O	P	R	A	I
M	M	B	E	N	U	M	M	I	U	G	N
P	E	C	A	X	A	H	X	N	S	L	T
T	N	E	E	D	L	E	S	D	F	V	R
O	F	S	R	P	C	W	U	M	C	O	A
M	H	Y	B	L	O	O	D	J	A	N	V
C	O	M	M	U	N	I	C	A	B	L	E
G	R	P	H	I	T	S	D	U	P	K	N
L	Q	T	B	N	A	I	D	S	C	M	O
M	G	O	H	K	C	J	S	R	P	D	U
V	I	H	O	P	T	O	P	T	U	C	S

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.
I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.
II.A-6. Examine and predict the consequences of risky behaviors.

ASSESSMENT CRITERION

Identify the ways HIV is transmitted and is not transmitted.

ACTIVITIES & STRATEGIES

Use the following technique to evaluate, correct, and retrain students on HIV/AIDS knowledge.

Ask students to clear their desk tops. Have them cut a strip of paper (approximately 8 1/2 x 4) from a sheet of paper. Explain to students that you will read a statement about HIV/AIDS. If the statement is true, they place the strip at the top of their desk. If it is false, at the bottom or part closest to them.

Read the following:
- HIV is caused by bacteria. (F)
- HIV is transmitted by sneezing. (F)
- HIV may be transmitted by using a hypodermic needle that someone else with HIV has used. (T)
- Every person who gets HIV infection will die from this disease. (F)
- Many people who get AIDS will die from this disease. (T)
- A person can get HIV from a swimming pool or toilet seat. (F)
- One can stop HIV from being transmitted by covering his or her mouth when sneezing. (F)
- Having a blood transfusion is a high risk for HIV infection. (F)
- Some babies have been infected with HIV from their mothers. (T)
- HIV is transmitted by sitting next to the infected person. (F)
- HIV may be transmitted by unprotected sex with an infected person. (T)
- HIV may be transmitted through a mosquito bite. (F)
- Donating blood is one way to risk HIV infection. (F)
- If a person looks healthy, he or she could not possibly transmit HIV. (F)

(You may wish to add to the list.)

Correct and cover points again as necessary.

RESOURCES & MATERIALS

Paper, scissors

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Review and analyze high risk behaviors associated with HIV.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Use the following technique to review important HIV facts.

- Letter each envelope with a large letter of the alphabet, A-T.
- Questions are found on the Teacher Resource.
- Cut each question individually and place in the corresponding envelope.
- Place surprises in each of the envelopes (e.g. gum, pencils, pennies, buttons, etc.)
- Tape all the envelopes to the blackboard or large display board.
- Obtain seven dice. Number each student starting with seven and going up to 42 (i.e. to correspond to the numbers coming up as the seven dice are rolled).
- Roll the dice to see who gets a chance to answer the question. The student gets to select an envelope to open.
- Ask the selected student to read the statement out loud and give the answer True or False.
- If a student gets the correct answer, then he or she receives the prize in the envelope. If the student does not answer the question correctly, the envelope is removed until all envelopes have been used. Then they are placed back on the board. No student should go twice until everyone has had a chance to answer a question.

Option:
To create a higher level of difficulty, ask the student to give an explanation of the answer.

RESOURCES & MATERIALS

Envelopes, prizes for each envelope, and dice (seven)

Teacher Resource

Answer Key

A.	**F**	**F.**	**F**	**K.**	**T**	**P.**	**T**
B.	**T**	**G.**	**F**	**L.**	**T**	**Q.**	**T**
C.	**F**	**H.**	**F**	**M.**	**F**	**R.**	**F**
D.	**T**	**I.**	**T**	**N.**	**F**	**S.**	**T**
E.	**T**	**J.**	**F**	**O.**	**T**	**T.**	**T**

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Cut each statement individually and place in the corresponding envelope, labeled A-T.

A. HIV is transmitted by coughing.

B. HIV is transmitted through sexual intercourse.

C. You can get HIV infection if you donate blood.

D. There is a very small risk of getting HIV infection if you get a transfusion in the U.S. today.

E. If a mother is HIV-positive, her breast-fed baby may get the disease.

F. If your brother or sister has been tested HIV-positive, you will get the disease.

G. Those who take illegal drugs will get HIV.

H. A healthy-looking person cannot have HIV.

I. Picking up a discarded drug syringe on the playground could transmit HIV.

J. Hugging a friend who is HIV infected will infect you.

K. Some babies have been born HIV-infected because their mothers have the virus.

L. Engaging in a blood brother ceremony could transmit HIV if one of the persons is HIV-infected.

M. A vaccination at the doctor's office could transmit HIV.

N. If someone in your school is HIV-infected, you will get the disease.

O. Casual contact includes shaking hands, playing baseball, and sneezing.

P. Tattoo and ear-piercing needles must be sterile to avoid the risk of HIV transmission.

Q. Anyone is at risk of HIV infection if he or she engages in high risk behavior.

R. A vaccine to protect a person from HIV-infection is now available.

S. A pregnant woman who is HIV infected may give the infection to her unborn baby.

T. Washing hands with soap and water after contact with another person's blood lowers the risk of HIV infection.

Mathematics **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-5. Discuss the statistical data available on HIV/AIDS.

ASSESSMENT CRITERION

Practice skills in addition, subtraction, multiplication, and division of integers.

ACTIVITIES & STRATEGIES

Distribute the worksheet, "Texas AIDS Cases," to students. Inform them that the information on the worksheet is a summary from the Texas Department of Health.

Remind students that AIDS is caused by the human immunodeficiency virus (HIV). There is presently no cure or vaccine for HIV infection. People contract HIV through sexual intercourse and/or blood-to-blood contact with an infected person. A person can be HIV-infected and not know it and not feel ill. AIDS is a pattern of diseases that develops as the HIV infection damages the immune system.

Ask students to calculate and add to the worksheet the percent of people who died in each year of diagnosis and in the cumulative total.

To help students learn to interpret figures in tables and to learn more about HIV/AIDS, discuss these questions relative to the table:

- Why were 1991 figures so low? (data only included through March 1991)
- Why did the percentage of deaths decrease each year? (use of new drugs and treatments for diseases that are common to AIDS; earlier diagnosis, etc.)
- Why does it appear that AIDS cases have leveled off and even decreased, comparing 1989-90? (education encouraging people to avoid high-risk behaviors; blood and blood products for transfusions tested in this country for HIV antibodies since 1985, etc.)

Write this open-ended sentence on the chalkboard for students to complete privately: "To me, the statistics on Texas AIDS cases mean that..."

RESOURCES & MATERIALS

Worksheet: "Texas AIDS Cases"

Key:

Answers are 94, 88, 83, 71, 49, 26, 9 respectively, from 1980-85, and 63 for the cummulative total.

Chalkboard

ESSENTIAL ELEMENTS

Mathematics. Probability, statistics, and graphing. The student shall be provided opportunities to determine the extent to which the results of a sample population can be generalized to a large population.

NAME______________________________ **DATE**____________________

TEXAS AIDS CASES

By year of diagnosis

(March 1991)

STATEWIDE	CASES	DEATHS	% CFR*
1980-1985	1,202	1,125	
1986	1,338	1,181	
1987	2,134	1,778	
1988	2,337	1,649	
1989	2,684	1,305	
1990	2,269	593	
1991	111	10	
CUMULATIVE	12,075	7 641	

* Case Fatality Rate (percent of people who died in the year of diagnosis)

Mathematics Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-9. Discuss and predict the social, legal, and economic effects on infected individuals.

ASSESSMENT CRITERION

Calculate the estimated ultimate costs of U.S. AIDS cases which have been reported as of November 1991.

ACTIVITIES & STRATEGIES

One hundred thousand dollars is the estimated cost of health care for a person with AIDS for his or her lifetime. Give students the worksheet, "AIDS in the United States," or make it into a transparency for projection.

Ask the following questions:

- which state has the highest number?
- where does Texas rank?
- what is one reason North and South Dakota are so low? (low population)

Remind the students that these are numbers dated November 1991. Numbers are higher now. Also, state that the cost of caring for some PLWAs is higher than for others—$100,000 for a lifetime is an estimate. Many of these people are still alive—PLWAs are living longer because drugs and therapies are more effective now than earlier.

Call out three states and ask a student to multiply each of those cases by $100,000. Continue until all states are assigned. After individual students have completed their assignment, arrange the students in groups of four or five. Ask the groups to total their individual cases. Then on the chalkboard total the sums from all the groups.

Conclude by reminding the students that many scientists are working diligently to find a cure and a vaccine for AIDS. Review the ways in which AIDS is and is not transmitted.

You can get AIDS from:

- having sex with a person who is infected with the AIDS virus
- sharing needles with an infected person
- an infected mother to her baby before or during birth

RESOURCES & MATERIALS

Worksheet: "AIDS in the United States"

ACTIVITIES & STRATEGIES, CONTINUED

You won't get the AIDS virus from:

- going to school with someone who has AIDS
- living in the same house with someone who has AIDS
- hugging a person who has AIDS
- sharing a bathroom with someone who has AIDS
- donating blood
- swimming in a pool with someone who has AIDS

Ask students to complete the sentence: "One thing I will remember about AIDS is..."

ESSENTIAL ELEMENT

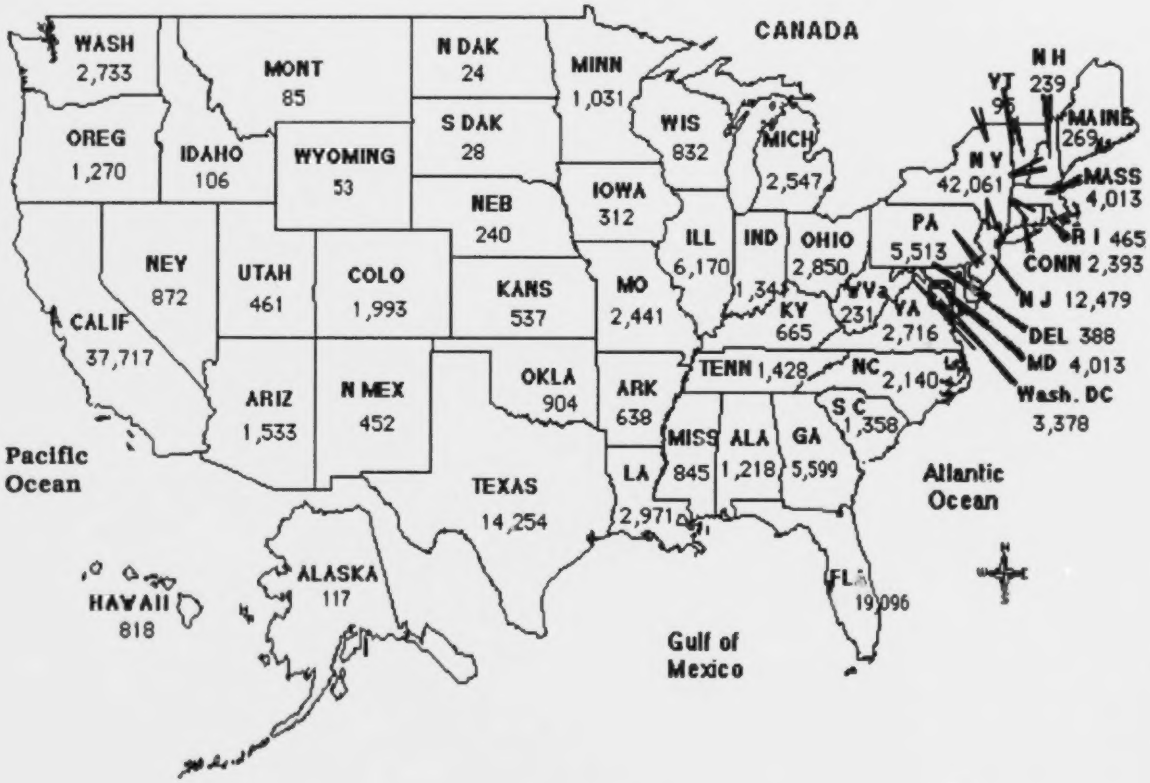
Mathematics. Probability, statistics, and graphing. The student shall be provided opportunities to collect, organize, and interpret data to solve application problems.

NAME________________________________ DATE____________________

AIDS in the United States

A total of 202,843* cases of AIDS was reported to the Centers for Disease Control through November 1991. As many as 1.5 million people are infected with the AIDS virus.

* The number of U.S. cases to this date was 196,161. The additional 6,662 cases were reported from Guam, U.S. Virgin Islands, and Puerto Rico.


CANADA
WASH 2,733
MONT 85
N DAK 24
MINN 1,031
OREG 1,270
IDAHO 106
WYOMING 53
S DAK 28
WIS 832
MICH 2,547
NEB 240
IOWA 312
NEV 872
UTAH 461
COLO 1,993
KANS 537
MO 2,441
ILL 6,170
IND 1,34
OHIO 2,850
PA 5,513
CALIF 37,717
ARIZ 1,533
N MEX 452
OKLA 904
ARK 638
KY 665
WVa 231
VA 2,716
TENN 1,428
NC 2,140
S C 1,358
MISS 845
ALA 1,218
GA 5,599
LA 2,971
TEXAS 14,254
FLA 19,096
NH 239
VT 95
MAINE 269
N Y 42,061
MASS 4,013
R I 465
CONN 2,393
N J 12,479
DEL 388
MD 4,013
Wash. DC 3,378
Pacific Ocean
Atlantic Ocean
Gulf of Mexico
ALASKA 117
HAWAII 818
N

Weekly Reader, March 2, 1992

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Develop effective decision-making skills.

ACTIVITIES & STRATEGIES

Discuss:

- the concept of healthy and unhealthy decisions
- situations in which all choices seem to have unpleasant consequences
- situations in which some consequences are easier to live or deal with than others

Hand out the worksheet, "Divided Decisions." Ask students to respond to each situation by writing on the reverse side of the paper.

Ask students to talk about the decisions they would make if they were in similar situations.

RESOURCES & MATERIALS

Worksheet: "Divided Decisions"

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to deduce from given information the cause-and-effect relationships.

NAME______________________________ DATE____________________

Divided Decisions

Directions: Read the following statements. For each one, answer the question, "What would you do?" On the back of the page, write your answer and several sentences explaining the reason for each decision.

1. Heather had a doctor's appointment at 4:00. Her parents told her to come home right after school. As she was riding her bicycle home, Heather realized that she had forgotten her homework. She stopped her bike on the sidewalk and thought about going back to school to get her homework. She knew that if she returned to school, she would be late for her doctor's appointment. She decided to go directly home.

2. As Matt was riding his minibike, he met an older boy whom he did not know. The boy introduced himself and said he would pay Matt $5.00 if he could ride the minibike for an hour. Matt really wanted the money so he decided to rent his minibike to the stranger.

3. Al was late for school, so he rode his new bicycle rather than walk. When he had ridden about halfway there, he met a friend who asked if he could ride the bike around the block just to try it out. After thinking about it, Al said, "Okay."

4. Juana wanted to play with her friend Belinda from across the street. Belinda's little sister also wanted to play, especially with the game cards. Although Juana was very concerned about the cards being lost, she let the small girl play with them.

LESSON OBJECTIVES

I.B-11. Describe the methods of preventing, treating, and controlling diseases.
I.B-18. Describe symptoms of HIV infection and AIDS; identify testing procedures.

ASSESSMENT CRITERION

Explain how the Human Immunodeficiency Virus attacks the body.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Tell students that HIV will be illustrated and explained through a skit.

Ask for a volunteer who:
- feels really healthy — give "J. Doe" card
- feels strong and protects his or her friends when they need protection — give "immune system" card
- has not been feeling well lately, maybe has had the sniffles — give "infectious virus" card
- knows someone with a rare disease — give "opportunistic disease" card
- has taken a risk lately like not wearing a seat belt — give "high-risk behavior" card

Ask the volunteers to come to the front of the classroom and pin their cards on their clothes with the numbers showing. Line up in numerical order.

Role play: Narrate the role play as the students play their parts as described in the teacher resource, "HIV/AIDS Skit."

Discussion:
- Ask the class to explain the role of each of the volunteers, in order, from one through five. As the class explains each role, have the student turn over his or her role card.
- Explain the purpose of the immune system.

Define *opportunistic disease*. Name some opportunistic diseases. (rare cancer, pneumonia, and other infections)

Ask the students to name the modes of HIV transmission or to list high-risk behaviors.

RESOURCES & MATERIALS

Make role play cards using six different colors of construction paper.
- Card 1 — write "J. Doe" on one side and 1 on the other.
- Card 2 — write "Immune System" on one side and 2 on the other.
- Card 3 — write "Infectious Illness" on one side and 3 on the other.
- Card 4 — write " Opportunistic Disease" on one side and 4 on the other.
- Card 5 — write " High Risk Behavior" on one side and 5 on the other.

Note:
The immune system protects the body against disease, illness, and infections. HIV weakens the immune system, leaving the body vulnerable to infection and opportunistic diseases.

Explain specifically that a high-risk behavior must be with someone who is HIV positive. Stress that it only takes one high risk behavior to contract HIV.

Teacher Resource: "HIV/AIDS Skit"

ESSENTIAL ELEMENT

Science. Experience in applying terms based on observations. The student shall be provided opportunities to state the differences between organisms, objects, and events using an operational definition.

HIV/AIDS Skit

This is a story about J. Doe (#1). Explain that this person, Jane or John (depending upon gender) Doe is a healthy young person about their age.

J. Doe has a friend who protects him or her from all sorts of germs and diseases. Have #2 walk to form a protective wall around J. Doe.

J. Doe is so healthy that a common virus and a rare virus try to get to him or her but his or her friend keeps them away. Have the student with the #3 card "Infectious Virus" (common cold, flu, etc.) and the #4 card "Opportunistic Disease" try to get to J. Doe without using force. #2 keeps them away. Have #'s 3 and 4 go to the end of the line.

J. Doe has a friend who talks him or her into a risky behavior, saying "we won't get in trouble." Have #5 convince J. Doe to do something risky. #5 then goes to the back of the line.

Because J. Doe and his friend did this behavior, J. Doe contracted HIV which weakened his or her immune system. Ask #2 to try and protect J. Doe with their hands behind their back.

J. Doe's immune system finds it harder to protect him or her and gets weaker and weaker allowing infectious viruses and rare diseases to get to J. Doe. Have #'s 3 and 4 walk over and get to J. Doe.

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Develop and practice effective decision-making skills.

ACTIVITIES & STRATEGIES

Set up the room so that one side can represent one choice and the other side can represent the other choice. Place a descriptive label on each side. For example: one side—movies, other side — bicycle riding.

Ask students to move to the side representing their choice after you have asked, "If you had to make a choice, which would you prefer?" Explain that they are to choose quickly and move directly to the side of their choice.

When students have made their choices, approach one side as if you were a reporter. Ask several students in each group, "Why are you here?" After students have returned to their seats, have them think about whether they made the choice freely or were influenced by others.

Repeat the exercise five or six times, changing options each time. Examples:

- watch TV — ride bikes
- rainy day — sunny day
- afternoon alone — afternoon with friends
- dinner at home — dinner at a restaurant
- wash dishes — dry the dishes
- have a dog for a pet — have a cat for a pet
- scary movie — funny movie

You can add pairs of choices based on choices that are appropriate for your students.

Conclude by discussing questions such as:

- Are you more of a leader or a follower?
- Do you make decisions quickly or slowly?
- Do you usually feel good or bad about the decisions you make?

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to deduce from given information the cause-and-effect relationships.

LESSON OBJECTIVE

I.B-21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.

ASSESSMENT CRITERION

Distinguish between HIV facts and myths.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Hand out to the students the worksheet, "HIV—Myth or Fact."

Instruct the students to not sign their name. Give the students about 10 minutes to complete the worksheet. After completion, ask them to pass all the papers to the front. Shuffle the papers. Pass the papers back to the class. Read each statement out loud. After each statement is read, ask all the students who have an "M" to stand and move to one side of the room with a sign labeled "Myth." Students who have "F" answers stand under the sign "Fact." Continue the process with each statement. Discuss each statement and clarify any misconceptions. Use the Transparencies for clarification. For each statement that is a myth, discuss or speculate on the origin of the myth.

RESOURCES & MATERIALS

Worksheet: "HIV-Myth or Fact"
Posterboard and marker

Transparencies (2)

Teacher Tip

This lesson strategy allows for clarification of information without embarrassment or harassment.

HIV: Myth Or Fact Key

1. False
2. True
3. False
4. True
5. False
6. True
7. False
8. True
9. False
10. True
11. True

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes and form statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

NAME________________________________ DATE____________________

HIV: Myth Or Fact

Directions: We have heard a lot of information about HIV disease. Some of it may be misinformation. Which of the following statements about HIV disease do you think are really true? Write myth or fact on the line provided. Add statements to clarify fact statements when needed and correct myth statements.

______ 1. For most people with HIV in the U.S., HIV has been transmitted through heterosexual contact with infected persons.

______ 2. There is no risk of acquiring HIV from a blood transfusion.

______ 3. You can get AIDS from donating blood.

______ 4. Knowing your sexual partner and their past practices will help prevent the spread of HIV.

______ 5. Using birth control pills will prevent the spread of HIV.

______ 6. Using a condom will reduce the risk of the spread of HIV.

______ 7. Being near a person in school who has HIV can be a risk for transmission of HIV to you.

______ 8. Washing your hands often can help destroy HIV.

______ 9. You should make sure toilet seats are clean in order to not spread the AIDS virus.

______ 10. A person who has no symptoms of AIDS can be a carrier of the HIV.

______ 11. When handling blood or other body fluids, using a barrier will establish a buffer of safety from contact with HIV.

How is HIV Not Transmitted?

- HIV is not transmitted through casual contacts such as:
  - touching, shaking hands, hugging, carrying an infected person
  - sneezing, coughing, social kissing
  - showers, bathtubs, hot tubs, toilet seats, swimming pools
  - door knobs, typewriters, telephones, pencils, chairs, benches
  - through the air or by insects
- HIV infection is not spread by the process of giving blood. New transfusion equipment is used for each donor.
- Assuming that there has been no infection through contaminated blood, contaminated needles, or previous sexual partners, HIV infection is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other.

How Is HIV Transmitted?

- HIV can be transmitted through sexual contact—just like other sexually transmitted diseases (STDs). When an infected person engages in unprotected anal, vaginal, or oral sex during which blood, semen, or vaginal secretions are exchanged, HIV can be transmitted.

- HIV can be transmitted through sharing unsterile needles, including needles used for drugs and tattoos.

- HIV can be transmitted from a pregnant woman to her unborn child, at birth, or through breast-feeding.

- HIV can be transmitted through the transfusion of contaminated blood or blood products.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy feelings and practice coping skills.

ACTIVITIES & STRATEGIES

Ask students to describe some of the physical feelings they may experience when they feel:
- happy (full of energy)
- sad (tired, quiet, weak)
- scared (sweaty, queasy stomach)
- mad (tight muscles)

Brainstorm as a class and list on the chalkboard or overhead transparency feelings such as: sad, rejected, bored, hurt, disappointed, jealous, angry, confused, etc.

They are to recognize each feeling; think of a situation in which they might feel that way; and list some things they can do to help themselves feel better or change their mood.

Ask: Situation (when)?
Dealing with it now (how)?

Write a list of feelings on the chalkboard.
- Have a student choose a feeling and role-play it for the class.
- After each emotion is acted out, ask the class to describe the facial expression, the body posture, the voice tone.
- Give the actors a task to do while they are role-playing the emotion (eating lunch, taking a test). Ask: Does how you feel affect the way you behave?

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

LESSON OBJECTIVES

I.B-21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.

III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Identify HIV/AIDS information as correct or incorrect.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask students to think about what they have heard about HIV and AIDS. Write statements from students' input on the chalkboard or overhead transparency precisely* as reported; do not include the name of the contributing student.

Discuss each item after the list is complete; identify each as correct or incorrect. For some of the incorrect items, ask why people may think that is true even if it is not. Use a list of age-appropriate concepts to help with the appropriateness of answers and the discussion.

Use the list of statements for evaluation at the close of the session. Divide the class into small groups. Ask each group to mark *correct* or *incorrect* after you have erased or covered the answers. Next, ask each group to compile an hypothesis. Report the statement to the entire class.

Option:
Assign each incorrect statement to a small group. Ask groups to correct the statement with two or three sentences. Ask each group to report to the class.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

Teach this after students have completed lessons on human growth, development, and sexuality.

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*However, translate street talk into classroom language—i.e., "Another way to say that is..."

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to develop hypotheses and make inferences based on data.

Grades 6-8

Developmental Characteristics of Students

Students are likely to be:

- engaged in a search for identity (including sexual identity), asking "Who am I?" and "Am I normal?"; very centered on self
- influenced by peer pressure
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand the changes in their bodies
- able to understand that behavior has consequences, but may not believe the consequences could happen to them
- fearful of asking questions about sex that might make them appear uninformed
- willing to talk about sex to parents and other important adults if these adults are open and willing to listen

Appropriate Approaches To HIV Education

The primary goal is to teach students to protect themselves and others from infection with HIV.

- Students should learn the basic information about HIV transmission and prevention.
- HIV issues should be made as real as possible without overly frightening students. Movies about, or classroom visits from, people with AIDS have helped students in some schools overcome their denial of the disease. Such activities give AIDS a human face.
- The focus should be on health behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own convictions.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop skills to assert this right.
- Emphasis is on abstinence; however, but it can not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other sexually transmitted diseases (STDs).

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

List ways blood to blood contact can occur and show how casual contact does not spread HIV.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Demonstrate in the following ways how skin keeps blood vessels and organs inside the body:
- Fill various clear containers with clear water.
- Have students touch the outside of the containers to see that they are still dry.
- Compare to the skin's function for our body.
- Shake the containers, turn them upside down, and show that they still stay dry on the outside.

Define and discuss *casual contact.* List: sneezing/coughing without covering mouth and nose; touching; hugging, etc. Ask: "If you do any of these things, will the germs get into the containers?"

Demonstrate in the following ways blood to blood contact which could happen through sharing needles (for drugs, tattooing, ear piercing):
- Make an opening in a container by taking off the lid.
- Draw up colored paint in a basting bulb and expel it showing a little paint still remains.
- Draw up some clear water in the basting bulb from a jar—show how the water looks colored in the bulb; now squirt the water back in the jar and show that the water in the jar changes color.
- Point out that sharing needles could spread HIV in the same way.

Demonstrate how a cut may allow blood contact (as in a blood brothers' ceremony).
- Make a slight crack in an egg; explain shell-like skin to students.
- Put paint over the crack and let the egg sit overnight.
- The next day remove the shell and show how the paint has colored the white of the egg.
- Explain ways such as the following to not get the HIV virus by protecting cuts:
  - Use bandages.
  - Wear gloves.
  - Have a person cover a bleeding cut.
  - Do not participate in a blood brother ceremony.
  - Do not pick up discarded needles, etc.

Closure: "I will protect myself from HIV infection by. . ."

RESOURCES & MATERIALS

Different types of clear containers, basting bulb, liquid water-based paint, hard boiled egg

Teacher Tip

In some families, especially those recently moved from Mexico, medications that require injections may be given at home. Emphasize that all needles must be sterile.

ESSENTIAL ELEMENT

Science. Acquire data through the senses. The student shall be provided opportunities to observe phenomena and apply knowledge of theories, facts, and concepts from the life, earth, and physical sciences.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify and practice positive self-talk and affirmations to enhance self-esteem.

ACTIVITIES & STRATEGIES

Obtain individual photographs of all students. Have each student mount his or her picture on a piece of construction paper.

Arrange students in small groups of four to six. Collect the group's pictures, shuffle them, and have each student select a picture without the other group members seeing his or her choice. If a student selects his or her own picture, collect, shuffle, and have the student make another selection.

Have one student at a time look at the picture and describe the person's characteristics and traits only in positive ways. For example:
- "I like your shiny hair."
- "I like your smile."
- "I like the way you play soccer."
- "I like the way you sing."

Have other members of the group guess which person is being described.

Option:
Have each student write his or her complete name on a slip of paper; fold slips. Shuffle the slips and have each student draw one that is not his or her own. Have each student think about the person whose name was drawn then describe characteristics and traits he or she likes about that person. ("I like this person's kindness," "I like this person's blue eyes," etc.) Continue until the group guesses correctly.

RESOURCES & MATERIALS

Pictures of each student (either from home or taken by you), glue, construction paper

TEACHER TIP

Refer students to classroom ground rules. Have students try to think about qualities other than physical appearance that help us describe someone.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Identify changes that maturity and experience bring to decision making.

ACTIVITIES & STRATEGIES

Focus on the fact that one of the privileges of growing older is being able to make more decisions for oneself.

Have students think about and recall the things they could decide when they were in kindergarten. Write these on the chalkboard or overhead transparency. Ask them to compare those decisions with the kinds of decisions they now make daily. Write these on the chalkboard or overhead transparency.

Discuss and record what types of decisions they are making concerning:
- self
- family
- recreation
- school
- money

Have each student make a chart that illustrates the following:
- When I was five, my parents let me decide…
- Now my parents let me decide …
- When I am in junior high (or middle school or high school), my parents will let me decide…

Point out that maturity and experience typically underlie the widening scope of decision-making powers gained as an individual grows into adulthood. Also, emphasize that most adults give more responsibility to young people who made good decisions and were responsible in the past.

Encourage students to take their decision charts home and discuss the accuracy of the charts with their parents.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The students shall be provided opportunities to predict the outcomes of actions based on experience or data.

Social Studies **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-7. Identify and analyze media coverage for HIV/AIDS.

ASSESSMENT CRITERION

Access and examine newspaper articles on the topic of HIV/AIDS.

ACTIVITIES & STRATEGIES

Prepare a bulletin board for newspaper clippings on HIV/AIDS. Clip and post two or three articles to initiate interest. Ask students to contribute to the display during a period of several weeks.

Read articles posted on the board and identify facts of interest and relevance to students. Print these facts on a sheet of paper under the heading, "What Newspapers Tell Young People About HIV/AIDS." Read the list to the class and post the list with the clippings.

As a class, organize the articles into groups of similar viewpoints.

Option:
Make a bulletin board for clippings on a famous person who is HIV-infected—i.e., Magic Johnson.

Closure: Have each student write, "Two new facts I learned about HIV/AIDS from newspapers are..."

RESOURCES & MATERIALS

Bulletin board

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to use compromise and negotaition to resolve conflicts and differences and work individually or with others to decide an appropriate course of action.

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Use compromise as a strategy in problem solving.

ACTIVITIES & STRATEGIES

Write the word *compromise* on the chalkboard or on the overhead transparency. Ask students what they think compromise means. One definition: settlement of differences with a decision that everyone involved agrees upon. Ask students to suggest some ideas or concepts that relate to compromise. Include: recognizing a disagreement, negotiating or suggesting other possibilities until there is agreement on one possibility, working it out so there are no losers, only winners, realizing that each person usually gives and forfeits something, knowing that compromise can be simple to complex, etc.

Ask students to suggest disagreements that could profit from compromise or disagreements that students their age may have. Use the model on the right to illustrate one or two of the suggested situations.

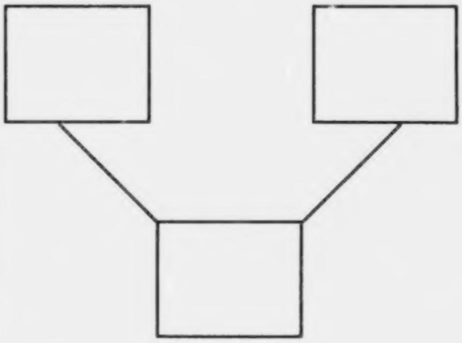
Ask students, working in pairs, and using the model, to take opposite sides of two of the following situations. Tell them to come to a compromise on each situation. Ask the pairs to report, comparing compromises if the same situation has been chosen by two or more pairs.

1. Neal wants to see *Star Wars XX* and Rashad wants to see *Terminator X*.
2. Two sisters have $5 together to buy their mother a gift. Jennie wants to get her a book, and Ruthie thinks a bottle of cologne would be nicer.
3. Both Calvin and Tim want to read the sports page.
4. Darruth's mother wants to buy root beer for the party and Darruth wants cola.
5. Jack wants to buy beer for the picnic, and Oscar wants to buy sodas.
6. Susan and Adrianna share a bedroom. Susan wants to paint the walls blue, and Adrianna wants white.
7. Hermie's big brother is driving him to school and stops at a friend's house, although Hermie's classes start in 10 minutes.

Ask students, "What if in a very serious situation you can not reach a compromise?" "What if someone wants you to do something unhealthy and does not want to compromise?"

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency



ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to use compromise and negotiation to resolve conflicts and differences and work individually or with others to decide an appropriate course of action.

Social Studies **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Practice assertively saying *no* to possible risky behavior situations.

ACTIVITIES & STRATEGIES

Give students examples of saying *no.* Ask them to put their thumbs up if the statement is assertive, their thumbs down if it is not. Examples are:

1. "You're stupid for smoking cigarettes."
2. "I hate you because you are stealing from my friends."
3. "I feel that skipping school would be wrong for me."

Explain that number one is demeaning, a put down. It is not assertive, (thumbs down). Number two is hostile and aggressive, not assertive, (thumbs down). Number three is an assertive statement, (thumbs up). Assertive statements are most effective. Referring to the transparency, "Guidelines for Assertive Statements," explain that assertive statements include: eye contact, firm voice, body language that says the same thing as the statement, and an *I* statement gives your thoughts and feelings and also gives a truthful reason for your action or choice. *I* messages do not attack or demean others. Ask volunteers to give examples of statements; ask the class to respond with thumbs.

Next, divide the class into groups of three. Distribute the worksheet, "Pressure Lines," to each group. Have one student read a situation and a pressure line. Have the second student in each group respond, using an assertive statement. Direct the third student to observe the dialogue and report to the group which of the four guidelines for assertive behavior was observed. With each new pressure line ask the students to rotate roles. Walk around the room and give positive feedback to student responses. Allow students to add scenarios that they think they might encounter.

Option:
Videotape the students as they act out the scenarios.

RESOURCES & MATERIALS

Transparency: "Guidelines for Assertive Statements"
Worksheet: "Pressure Lines"

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to recognize that individuals must accept the consequences of their decisions and use compromise and negotiation to resolve conflicts and decisions.

Guidelines for Assertive Statements

- eye contact

- firm voice

- body language that says the same thing as the statement

- *I* statement that gives your thoughts and feelings and also gives a truthful reason for your action or choice

NAME______________________________ DATE____________________

Pressure Lines

Situation 1

A good friend wants to become your blood brother. To become a blood brother, you make a cut in both your fingers and press them together. Today, he brought a razor to school and is pressuring you to do it. He says:

- "Everybody's doing it!"
- "If you are my friend, you'll do it."
- "I know you want to do it, you're just afraid."

Situation 2

You're at a party. Your boyfriend (girlfriend) takes you into the bedroom and starts kissing you and leaning on you. He or she says:

- "Everybody does it!"
- "If you love me, you'll let me."
- "I know you want to have sex, too. You're just afraid of what people will say."

Situation 3

You are on your way home from school. As you cut through the park, some of your sister's friends call you over. They want you to try a new drug. They say:

- "Go ahead and try it. We'll make sure nothing bad happens."
- "I know you want to. You're just afraid of what people might say."
- "Don't you want to try and see what it's like?"

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behavior.

ASSESSMENT CRITERION

Improve decision-making abilities and social responsibilities.

ACTIVITIES & STRATEGIES

Discuss with the students:
How often do you think you do things just because your friends are doing them? Why?

Discuss whether the students feel they make the most of their own decisions. Ask them to give some examples.

Play the game of "Simple Simon" with the students.
- Each may have an opportunity to be the leader. Discuss how it feels to be the leader. List possible characteristics of a leader.
- How did it feel to be a follower? Were you comfortable in both roles? Were you more comfortable in one of the roles? Which one?

Talk about role models.
Ask: "Who is the person you would most want to be like? Why?"

Name a person from each category in the following areas you would most admire. Write a profile about that person.
- an actor or actress
- an athlete
- a TV character
- an older friend or sibling
- a parent
- a political or religious figure

Research a story of a person who went against the tide and followed what he or she believed, even though the majority disagreed.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to identify traits of democratic leadership and demonstrate them by assuming leadership positions.

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.D-1. Share correct information with peers and family.
III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Increase the awareness of a wide variety of knowledge levels and opinions about HIV.

ACTIVITIES & STRATEGIES

Students are often asked to give advice to their friends. Sometimes the students receive anonymous notes or phone calls. Ask the students to imagine that they are the editor of a student newspaper. The last edition of the newspaper contained a number of articles about HIV and AIDS hysteria. The article prompted lots of letters. Choose one and write a response.

Dear Student Editor:

I've been getting a lot of static from my friends. In class the other day I said that people who contracted AIDS by whatever means have and can make positive contributions. I described the accomplishments of people like Liberace, Ryan White, and some names I read in a magazine article. All people have value. My friends say I'm strange to think like I do. What do you think?

Not Sure

Dear Student Editor:

My friends say that people who have AIDS are being punished for evil things they've done in their lives. I've never looked at AIDS patients that way. Could they be right?

Need Help

Option:
Ask the students to compose and submit their own anonymous letter to the editor. The class may write a response.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

Social Studies **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.

ASSESSMENT CRITERION

Identify and explore personal beliefs and opinions concerning HIV.

ACTIVITIES & STRATEGIES

Explain to the students that each individual has his or her own beliefs. As a citizen, one should respect differences in attitudes and beliefs.

Ask students to draw vertical lines on a piece of paper to make 10 equal parts. Then instruct them to number these 1 to 10 from top to bottom.

Read the statement and the color code from the Teacher Resource. Ask students to color each section according to their response.

Ask the students to share their papers. How are they different? How the same? Does a paper have many of the same colors for sections 6 through 10?

Ask the class the following questions:
- What makes people different?
- Is it good or bad to be different from others?
- Are any of the papers similar?
- How does it feel to be different in looks, style, habits, etc.?
- How should we treat people who look or act different from ourselves?
- What pressures are there to be respected for who you are?
- What does it feel like to be respected for who you are?
- HIV is a new issue for us to deal with. How do you feel when you hear the word HIV or AIDS?
- How does a person feel who is HIV-infected?
- How do you think a person who is HIV-infected be treated?

Have the students develop additional questions. Use selections of music or show pictures to elicit responses. Discuss the differences.

Option:
Ask students to write some questions which they would like to ask classmates. Have classmates answer with a feeling color only.

RESOURCES & MATERIALS

Typing paper and a set of colors for each student

Teacher Resource

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

Read the statement and the color code. Ask the students to color each section according to their response.

Color guide:

Red = Strongly, always agree
Blue = Sometimes agree
Yellow = Strongly, always disagree
Green = Sometimes disagree

1. I never make assumptions based on a person's gender.
2. I enjoy spending time with my parents.
3. I would be a good parent.
4. My family's opinion is very important to me.
5. I expect to live at least to age 65.
6. I never make presumptions based on the color of a person's skin.
7. I listen and think about criticism rather than just getting upset.
8. I try to understand what other people are feeling.
9. I find it easy to show love and concern for those I care about.
10. I express my feelings easily without waiting to see what others think first.

Notes

Notes

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

Appendices

Texas Education Agency

ESR III

Healthy People 2000: National Health Promotion and Disease Prevention Objectives and Healthy Schools*

Healthy People 2000: Objectives Related to Schools

Introduction

Healthy People 2000: National Health Promotion and Disease Prevention Objectives,[1] released in September 1990, offers a vision for the new century, characterized by significant reductions in preventable death and disability, enhanced quality of life, and greatly reduced disparities in the health status of populations within our society. *Healthy People 2000* does not reflect the policies or opinions of any one individual or any one organization, including the federal government. It is the product of a national effort, involving professionals and citizens, private organizations and public agencies from every part of the country. It is deliberately comprehensive in addressing health promotion and disease prevention opportunities to allow local communities and states to choose from among its recommendations to address their own highest priority needs.

Schools offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks. They provide an avenue for reaching more than 46 million students each year, as well as over five million instructional and noninstructional staff. The American Public Health Association noted that the school, as a social structure, provides an educational setting in which the total health of the child during the impressionable years is a priority concern. No other community setting even approximates the magnitude of the grades K-12 school education enterprise...Thus, it seems that the school should be regarded as a...focal point to which health planning for all other community settings should relate.[2]

Planned and sequential quality school health education programs help young people at each appropriate grade to develop increasingly complex knowledge and skills they will need to avoid important health risks, and to maintain their own health, the health of the families for which they will become responsible, and the health of communities in which they will reside.

Other aspects of the school environment also are important to school health. State and local health departments, business and industry, organizations, parents, and other community resources can work with schools to provide a multidimensional program of school health that may include school health education; school-linked or school-based health services designed to prevent, detect, and address health problems; a healthy and safe school environment; physical education; healthful school food service selections; psychological assessment and counseling to promote child development and emotional health; school site health promotion for faculty and staff; and integrated school and community health promotion efforts.

The following objectives were selected from the 300 objectives found in *Healthy People 2000*. They are arranged in two categories following a model used by Kolbe and Iverson[3] in reviewing the 1990 health objectives. The first category includes objectives whose achievement depends directly on the existence of school health programs. These objectives are organized under the eight components of a multidimensional school health program. The second category includes objectives which can be influenced in important ways by schools. In the latter instance, school health programs can contribute to achieving these objectives, but other actions taken home and in the community also may have a significant effect on achieving these objectives. This group includes objectives related to worksite health promotion, which are relevant to the school as a worksite for faculty and staff, and objectives related to primary health care providers, which are relevant for school nurses and other providers of health care in the school setting. The remaining objectives in this category are organized under the 22 priority areas found in *Healthy People 2000*.

By the year 2000, many students currently passing through the educational system will have reached adulthood; for this reason, and because of health programs for faculty and staff and integrated school and community health promotion efforts, school health programs will have far-reaching effects on many more objectives related primarily to adults. Those interested in the objectives should consult the complete *Healthy People 2000* volume, which contains the full set of 300 national health promotion and disease prevention objectives for the year 2000, as well as important background information and commentary which elaborates on each objective.

References

1. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives.* Washington, DC: U.S. Public Health Service; 1990.
2. American Public Health Association. Resolutions and Position Papers: Education for Health in the Community Setting. *Am. J. Public Health.* 1975:65(2):201.
3. Kolbe L., Iverson D. Evolution of the national disease prevention and health promotion strategy: Establishing a role for the schools. *J. Sch Health.* 1983:53(5):294-302.

18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12 grade, preferably as part of quality school health education. (Baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

AIDS information and education programs have increased public knowledge and influenced attitudes about HIV and AIDS. However, some misinformation still persists at all levels of society. The first step toward reducing high-risk behaviors is for people to be able to use information about how HIV is transmitted to assess their own risk of becoming infected. Only when people know that they are at risk will they change their behavior.

Although intensive education has reduced high-risk sexual and drug abuse behaviors among some people, there is an urgent need to continue this trend and to ensure that low-risk behaviors are sustained. The public is generally aware of the linkage between intravenous drug abuse and HIV infection and of the risk for the spread of HIV infection from intravenous drug abusers to their sexual partners and children. Less well known is the risk of HIV infection among crack cocaine abusers, caused in part by the practice of exchanging sex for crack cocaine.

It is important to maintain and expand awareness for several reasons. First, educating children in school is a means of reaching the family members and sexual partners of intravenous drug abusers and crack cocaine abusers and crack cocaine abusers who are often difficult to contact through more focused outreach. Second, sexually active people should consider the possible drug-using practices of their current and potential sexual partners.

As of January 1990, only 29 states had policies regarding HIV/AIDS education; most of those States favored beginning such education before children reach the age of puberty, usually by 6th grade. Ideally, HIV education would reach children before they develop patterns of high-risk sexual activity and drug abuse. School-and college-age youth, especially those in areas of high HIV incidence, should be a primary target of prevention education. To be effective, such training must be direct and unambiguous. In addition to information about transmission, HIV curricula should include training in the social and personal skills students need to resist peer pressure to participate in unhealthy sexual activity and drug abuse. For example, an effective curriculum might include the components recommended in the Centers for Disease Control's *Guidelines for Effective School Health Education to Prevent the Spread of AIDS.* Special efforts will be needed to reach students who have special education needs. Optimally, HIV education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

19.12 Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. (Baseline: 95 percent of schools reported offering at least one class on sexually transmitted diseases as part of their standard curricula in 1988)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Awareness of the risks of sexual behavior and of sexually transmitted diseases is particularly crucial for adolescents. Through school-based education on family life and human sexuality, youth can be offered the knowledge and skills they need to reduce their risk of contracting sexually transmitted diseases. Because of emphasis deriving from the HIV epidemic, students are relatively well informed about prevention of HIV transmission, but are less knowledgeable about the symptoms of other sexually transmitted diseases. Programs should be modified to include sexually transmitted diseases as part of a total health education package. In addition, school curricula must build on the foundation of increased knowledge by including behaviorally based instruction (e.g., role-playing) to develop skills in improving safer sexual behaviors. Optimally, sexually transmitted disease education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

As messages about safer sexual behaviors have become more common, emphasis has also been placed on increasing the variety and specificity of these messages to reach different cultural and ethnic groups in more effective ways. HIV prevention messages should be expanded to include symptoms of other sexually transmitted diseases and services for diagnosing/treating them. The effect of these messages on adolescent behavior should be assessed so that the most successful messages can be more broadly distributed.

HIV Infection

18.1 Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases. (Baseline: An estimated 44,000 to 50,000 diagnosed cases in 1989)

Special Population Targets

	Diagnosed AIDS Cases	*1989 Baseline*	*2000 Target*
18.1a	Gay and bisexual men	26,000-28,000	48,000
18.1b	Blacks	14,000-15,000	37,000
18.1c	Hispanics	7,000 - 8,000	18,000

Note: Targets for this objective are equal to upper bound estimates of the incidence of diagnosed AIDS cases projected for 1993.

18.2 Confine the prevalence of HIV infection to no more than 800 per 100,000 people. (Baseline: An estimated 400 per 100,000 in 1989)

Special Population Targets

	Estimated Prevalence of HIV Infection (per 100,000)	*1989 Baseline*	*2000 Target*
18.2a	Homosexual men	2,000-42,000*	20,000
18.2b	Intravenous drug abusers	30,000-40,000**	40,000
18.2c	Women giving birth to live-born infants	150	100

** Per 100,000 homosexual men aged 15 through 24 based on men tested in selected sexually transmitted disease clinics in unlinked surveys; most studies find HIV prevalence of between 2,000 and 21,000 per 100,000*

*** Per 100,000 intravenous drug abusers aged 15 through 24 in the New York city vicinity; in areas other than major metropolitan centers, infection rates in people entering selected drug treatment programs tested in unlinked surveys are often under 500 per 100,000*

18.4 Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
18.4a	Sexually active young women aged 15-19 (by their partners)	26%	60%
18.4b	Sexually active young men aged 15-19	57%	75%
18.4c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Sexually Transmitted Diseases

19.1 Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

Special Population Targets

	Gonorrhea Incidence (per 100,000)	*1989 Baseline*	*2000 Target*
19.1a	Blacks	1,990	1,300
19.1b	Adolescents aged 15-19	1,123	750
19.1c	Women aged 15-44	501	290

19.2 Reduce *Chlamydia trachomatis infections,* as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

19.3 Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

Special Population Target

	Primary and Secondary Syphilis Incidence	*1989 Baseline*	*2000 Target*
19.3a	Blacks	118	65

19.4 Reduce congenital syphilis to an incidence of no more than 50 cases per 100,000 live births. (Baseline: 100 per 100,000 live births in 1989)

19.5 Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

19.6 Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

19.10* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
19.10a	Sexually active young women aged 15-19 (by their partners)	25%	60%
19.10b	Sexually active young men aged 15-19	57%	75%
19.10c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Immunization and Infectious Diseases

20.1 Reduce indigenous cases of vaccine-preventable diseases as follows:

Disease	*1988 Baseline*	*2000 Target*
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

20.8 Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP). (Baseline data available in 1992)

20.13 Expand immunization laws for schools, preschools, and day care settings to all states for all antigens. (Baseline: 9 states and the District of Columbia in 1990)

Currently all 50 states and the District of Columbia have immunization laws or requirements for students in some or all grades from kindergarten through grade 12 and children attending licensed day care facilities. In general, the number of antigens required by day care and public school laws are quite similar. In recent years, there has been a marked increase in the number of states strengthening their existing immunization laws by adding new vaccine requirements and expanding coverage into the day care area.

20.14 Increase to at least 90 percent in proportion of primary care providers who provide information and counseling about immunizations and offer immunizations as appropriate for their patients. (Baseline data available in 1992)

Clinical Preventive Services

21.2 Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Task Force. (Baseline data available in 1991)

Special Population Targets

	Receipt of Recommended Services	*Baseline*	*2000 Target*
21.2a	Infants up to 24 months	—	90%
21.2b	Children aged 2-12	—	80%
21.2c	Adolescents aged 13-18	—	50%
21.2d	Adults aged 19-39	—	40%
21.2e	Adults aged 40-64	—	40%

21.2f	Adults aged 65 and older	—	40%
21.2g	Low-income people	—	50%
21.2h	Blacks	—	50%
21.2i	Hispanics	—	50%
21.2j	Asians/Pacific Islanders	—	50%
21.2k	American Indians/Alaska Natives	—	70%
21.2l	People with disabilities	—	80%

21.6 Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

Adapted from the adaption of *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (DHHS Pub. No. (PHS) 91-50212. *J. Sch. Health.* 1991:61 (7): 298-299, 305-306, 326-328.

Glossary of Terms

The targeted audience for these terms is educators. It is *not* recommended to use these terms as a spelling list for the student.

Abstinence
Voluntarily refraining from something. Not participating in or indulging in something.

Acquired
Not inherited; to come to have a new characteristic by unspecified means

AIDS
Acquired Immune Deficiency Syndrome. A viral disease which dangers the body's immune system, making the infected person susceptible to a wide range of serious diseases. Until 1992, AIDS was scientifically identified by the appearance of one or more opportunistic disease in an HIV positive individual. In April 1992, the Centers for Disease Control expanded this definition to include any HIV positive individual with a T-cell count less than 200.

Anal Intercourse
Insertion of the penis into a partner's rectum; one of the high-risk behaviors for the transmission of HIV and many other STDs.

Antibody
A molecule produced by the immune system of the body in response to an antigen and which has the particular property of combining specifically with the antigen that induced its formation.

Antigen
A foreign molecule or substance, which when introduced into the blood is capable of inducing the formation of antibodies.

Anus
The opening of the rectum to the outside of the body.

Asymptomatic
Without symptoms; having no feeling of ill health.

AZT
Azidothymidine, tradename Retrovir, a drug which acts to reduce symptoms and prolong the life of AIDS patient.

B cells
Lymphocytes that produce antibodies against microbes and foreign substances.

Bacteria
Microorganisms (germs), some of which can cause disease.

Bisexual
Sexual attraction and interest directed toward both females and males.

Blood Donor
A person who gives blood to be stored and used for a transfusion.

Blood Transfusion
A medical procedure where blood from a donor or blood bank is inserted into a patient's body through a tube or needle inserted into a vein of the patient.
Casual contact — the kind of everyday touching between people that happens in families, at school, and at social events. (See Casual Transmission.)

Body Fluids
Any liquid material produced by the body; in AIDS patients, the virus has been isolated in blood, semen, vaginal secretions, tears, saliva, perspiration, and urine. Only blood, semen and vaginal secretions have definitely been demonstrated to transmit HIV.

Candidiasis (Thrush)
A fungal infection of the mouth, throat, esophagus, and even the entire gastrointestinal system, frequently seen in AIDS patients.

Carrier
A person that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection. The carrier state may exist in an individual with an infection that is inapparent throughout its course (commonly known as aymptomatic carrier).

Casual transmission
Transmission of disease through casual contact. Colds and flu are often casually transmitted. The HIV virus is not transmitted casually.

CD4
A characteristic antigen on the surface of helper T cells. CD is acronym for cluster of differentiation.

CDC
The Centers for Disease Control, a federal agency based in Atlanta, Georgia, that studies and monitors the incidence and prevalence of disease in the U. S., and also provides health and safety guidelines for the prevention of disease.

Chlamydia (Cla•mid•ia)
A microorganism that causes a variety of diseases including nongonococcal urethritus and PID.

Civil Rights
Those legal rights guaranteed to the individual in the United States by the Bill of Rights and several later amendments to the U. S. Constitution. Usually means fair treatment under the law.

Communicable Disease
A disease which can be transmitted directly or indirectly from one person to another.

Commitment
A pledge to do something. An agreement one is bound to fulfill.

Compassion
Sympathetic concerns and understanding for another.

Condom
Also called rubbers or prophylactics. A sheath used to cover the penis before and during intercourse to prevent pregnancy and the transmission of sexual diseases through the semen. Latex condoms are effective in preventing the transmission of the AIDS virus.

Confidentiality
The right of individuals to have information about themselves kept only with the appropriate authorities or agencies.

Congenital
Refers to conditions that are present at birth.

Contact Tracing
A system of attempting to construct the spread of an infectious disease by tracing back to the person who infected the patient, then questioning them to see who infected them, and so on back.

Coping
To contend with or deal with a problem.

Cytomega Lovrius
The most common viral infection found in AIDS patients, characterized by infection of many parts of the body especially liver, lungs, and colon. It may manifest itself as hepatitis, pneumonia, colitis, adrenalitis, encephalitis, and other symptoms.

ddI
Didanosine, the second antiretroviral drug approved by the Food and Drug Administration; first was AZT.

Dementia
A general designation for mental deterioration.

Diagnosis
The act of identifying a disease from its signs and symptoms; as investigation or analysis of the cause of a condition or problem.

Dignity
Self respect, having a degree of worth.

Disease
A particular destructive process in an organ or organism with a specific cause and characteristic symptom; an illness.

Discrimination
Showing of partiality or prejudice in treatment of another.

ELISA (E•LI•ZHA)
Acronym for "enzyme-linked immunosorbent assay," a blood test used to detect antibodies against HIV.

Empathy
Ability to share and understand another's emotions or feelings.

Epidemic
A wide spread or prevalent disease, especially the rapid spreading of such a disease.

Epidemiology
Study of the relationships of the various factors determining the frequency and distribution of diseases in a human environment.

Ethical
Based on moral judgments or standards.

Etiology
Study of the factors that cause disease.

Fact
What has actually happened or that is actually true.

Fidelity
Being faithful to a partner by having no other sexual partners, being faithful to one's obligations or vows.

Flagyl
Brand name of the medication used for trichomoniasis and amebiasis.

Fluorescent Treponemal Antibody (FTA)
Blood test for syphilis.

Fungus
A kind of germ related to the plant family.

Genitals (Genitalia)
The external reproductive organs.

Germ
A virus, bacterium, yeast, or fungus that can cause disease.

Gonorrhea
A sexually transmitted disease spread by a variety of sexual acts, manifesting itself with painful urination and discharge.

Helper T-cell
A kind of white blood cell (lymphocyte) which plays a major role in the body's immune system to fight disease.

Hemophilia
An inherited disease caused by a deficiency in the ability to synthesize blood coagulation proteins (such as Factor VIII), and resulting in prolonged internal or external bleeding.

Hepatitis B
An infection of the liver caused by a virus and frequently transmitted through blood transfusions or through other exchange of bodily fluids.

Herpes Simplex
A sexually transmitted viral infection that causes ulcers in the genitals.

Heterosexual
Sexual attraction and interest directed toward the opposite sex.

High-risk Behavior
Personal actions that increase the likelihood of getting a disease or damaging one's health.

HIV
The accepted scientific name for the AIDS virus, in most common usage now. Stands for human immunodeficiency virus.

HIV Testing (Confirmatory)
Programs to provide a confirmatory test, principally the Western Blot, to individuals who have two positive ELISA results.

Homosexual
Sexual attraction and interest directed toward the same sex.

Hospice
Facility or program which provides palliative care, primarily medical relief of pain and symptom management, and support services to terminally ill people and grief and bereavement counseling for their families. These services can be provided either in a facility or the patient's home.

Host Cell
A healthy cell the materials of which are used by a virus for nutrients and reproduction.

IDU
injecting drug user, more accurate than IV drug user. IDU refers to those who inject nonintravenously as well as intravenously.

Immune System
A flexible but highly specific mechanism of the human body that kills microorganisms and the cells they infect, destroys malignant cells, and removes debris.

Immunity
Resistance to or protection against a specific infection or disease.

Immunology
The medical study of the immune system.

Incidence
The number of new cases of AIDS in a given time.

Incubation Period
A period of time in weeks, months or years, from the time an individual is infected with HIV to the time the disease becomes active and starts showing symptoms.

Information and Referral Line
Telephone programs to link individuals in need of information or referral for services with the appropriate agency and to provide immediate factual information to questions about HIV.

Inoculation
A method of giving a vaccine to produce immunity.

Intercourse
A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman' vagina, call "vaginal intercourse," (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

Intravenous (IV)
In or into a vein, as an IV injection.

Kaposi's Sarcoma (cap'•o-see's sar-co'-ma)
A cancer or tumor of the blood or lymphatic vessel cells. It is the most common opportunistic malignancy associated with the HIV infection.

Lesion
A visible wound, sore, or rash.

Lymphoma
Cancers of the lymphocytes especially those in lymph glands.

Lymphocytes
White blood cells that fight pathogens.

Maternal Transmission
The transmission of a disease from a woman to her child during pregnancy or breast feeding. HIV infection can be transmitted this way.

Monogamous
A committed relationship between two people in which neither partner becomes sexually involved with anyone else.

Morbidity
Frequency of disease occurrence in proportion to the population.

Mortality
Frequency of number of deaths in proportion to the population.

Noncommunicable disease
a disease that begins *inside* a person's body, is not passed from one person to another and is not caused by microbes. This category includes such diseases/ conditions as cancers, diabetes, heart disease, epilepsy, sickle cell anemia, asthma, allergies, bronchitis, etc.

Non-oxynol 9 (non-ox'•a•nol)
A spermicide which has also been shown to kill the AIDS virus in laboratory studies. Available in some sexual lubricants which can be used with condoms, non-oxynol 9 is not an effective AIDS prevention on its own. Concentrations of 5% or more are recommended.

Opinion
What one believes to be true, but not based on absolute knowledge.

Opportunistic Infection
An infection caused by an organism that rarely causes disease in people with normal immune systems but attacks immunosuppressed patients.

Oral Sex
Stimulation of one's genitals by the mouth of a sexual partner.

Pandemic
The occurence of a disease over a wide geographical area and affecting an exceptionally high proportion of the population.

Pathogen
A microorganism capable of producing disease.

Peer Pressure
The influence that persons of the same age try to make on another person's decisions; such pressure can be healthful or harmful.

Penis
The male sex organ, through which semen and urine pass.

Perinatal
Before birth, as in perinatal transmission of AIDS, when a fetus is infected with HIV even before he is born.

Placenta
The internal organ that develops in the uterus with pregnancy and through which the fetus absorbs oxygen and nutrients and excretes waste.

PLWA
Abbreviation for a person living with AIDS. This abbreviation is being used more frequently as drugs and other treatments are extending and enhancing the lives of persons with AIDS.

Pneumocystis Carinii Pneumonia (num•a•sis'•tis ca•ren'•e•eye)
Opportunistic infection most frequently diagnosed in patients with AIDS. Caused by a parasite commonly present in the normal population. Pneumocystis carinii infection is life-threatening in immunosuppressed patients.

Pneumonia
An infection of the lungs.

Prejudice
A belief prior to having full knowledge about something, an unfair bias about a person or an issue.

Prevalence
The degree to which (a disease) is wide spread, numbers of cases of occurrence.

Promiscuous
Having numerous sex partners.

Protozoan
Cellular or unicellular animals, some of which are serious parasites of man and animals.

PWA
Abbreviation for "person with AIDS." Many people with AIDS prefer this term to others like "AIDS victim," or "AIDS patient." They would rather see themselves as active participants in their treatment and healing, not helpless victims who passively wait to die.

Refusal Statement
Words that explain when a person declares that he or she does not want to do something.

Remission
Partial or complete disappearance of symptoms, often only temporary.

Responsible Decision
A decision that promotes your well-being or the well-being of others.

Respect
To feel or show appreciation for someone or something.

Retrovirus
One of a group of viruses that have RNA as their genetic code and have the ability to copy that RNA into DNA and incorporate it into an infected cell.

Reverse Transcriptase
An enzyme used by retroviruses to produce DNA.

Risk Behavior
A behavior that may threaten a person's health and increases the chances of becoming ill.

Risk Reduction Education
Programs to educate groups or individuals on methods of preventing the spread of HIV.

Semen
Secretion or fluid from male sexual organs which transport sperm during sexual activity.

Seropositive
In the case of AIDS, the condition of having AIDS virus antibodies found in the blood.

Seroprevalence
Prevalence based on blood serum tests.

Sexual Abstinence
Not having sex with another person.

Sexual Intercourse
Sexual union involving the penis with the vagina.

Slim Disease
A disease characterized by severe weight loss, body wasting and weakness, and is sometimes associated with chronic diarrhea and persistent coughing.

Spermicide
A substance capable of killing sperm.

STD
The initials for sexually transmitted disease which may be any of a number of diseases which can be transmitted through various forms of sexual contact. AIDS is a disease which is transmitted through sexual intercourse.

Surveillance
In public health terms, monitoring and collecting data on incidence of disease; counting the number of cases.

Symptomatic
Stage of a disease in which signs or symptoms are evident.

Syndrome
Pattern of symptoms and signs, appearing one by one or simultaneously that together characterize a particular disease or disorder.

Syphilis
A sexually transmitted disease that is characterized at first by the presence of a chancre in the genital area.

T-cell
Cell that matures in they thymus gland. T-lymphocytes are found primarily in the blood, lymph, and lymphoid organs. Subsets of T-cells have a variety of specialized functions within the immune system.

Transfusion
Medical transfer of blood of one person to another person.

Transmission
How a disease is spread from one person to another.

Transmit
To pass from one person to another.

Vaccination
The act of innoculating to produce immunity.

Vaccine
A preparation of living, dead or attenuated organisms innoculated into person to produce immunity.

Vagina
The tube that leads from a woman's uterus to the outside of the body. It is also called the birth canal.

Vaginal Secretions
Substances secreted or discharged from the vagina (mucous membrane).

Viron
A virus particle.

Virus
Submicroscopic organism capable of infecting plants, animals, and bacteria. It is characterized by dependence on specific host cells for reproduction and by the absence of independent metabolism.

Western Blot
Blood test which involves the identification of antibodies against specific protein molecules. This test is more specific that the ELISA test in detecting antibodies to HIV in blood samples. It is used as a confirmatory test for positive ELISA samples. The Western Blot requires more sophisticated lab technique than ELISA and is more expensive.

Yeast
A kind of fungus.

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Health Objectives for the Nation

Sexual Behavior Among High School Students – United States, 1990

Since the 1970s, sexually transmitted diseases (STDs) (including human immunodeficiency virus infection and acquired immunodeficiency syndrome), unintended pregnancies, and other problems that result from sexual activity have increased among adolescents in the United States (*1,2*). For example, approximately 1 million adolescent girls become pregnant each year (*1*) and 86% of all STDs occur among persons aged 15–29 years (*3*). This article presents self-reported data from 1990 about the prevalence of sexual intercourse, contraceptive use, condom use, and STDs among U.S. high school students.

The national school-based Youth Risk Behavior Survey is a component of CDC's Youth Risk Behavior Surveillance System that periodically measures the prevalence of priority health-risk behaviors among youth through comparable national, state, and local surveys (*4*). A three-stage sample design was used to obtain a representative sample of 11,631 students in grades 9–12 in the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. Students were asked if they had ever had sexual intercourse and if they had had sexual intercourse during the 3 months preceding the survey (i.e., currently sexually active). Students also were asked to identify the method, if any, they or their partner used to prevent pregnancy the last time they had sexual intercourse; if they had ever been told by a doctor or nurse that they had an STD; and if they or their partner used a condom to prevent STDs the last time they had sexual intercourse.

Of all students in grades 9–12, 54.2% reported ever having had sexual intercourse; 39.4% reported having had sexual intercourse during the 3 months preceding the survey (Table 1). Male students were significantly more likely than female students to ever have had sexual intercourse (60.8% and 48.0%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (42.5% and 36.4%, respectively). Black students were significantly more likely than white or Hispanic students to ever have had sexual intercourse (72.3%, 51.6%, and 53.4%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (53.9%, 38.0%, and 37.5%, respectively). The percentage of students ever having had sexual intercourse and having had sexual intercourse during the 3 months preceding the survey increased significantly by grade of student from 9th through 12th grade.

Among currently sexually active students, 77.7% of female and 77.8% of male students used contraception (birth control pills, condoms, withdrawal, or another method) during last sexual intercourse (Table 2). White female students (81.1%) were significantly more likely than black (71.4%) and Hispanic (62.6%) female students to have used contraception.

Four percent of all students reported having had an STD. Black students (8.4%) were significantly more likely to report having had an STD than white (3.1%) or Hispanic (3.5%) students. Among currently sexually active students, 49.4% of male students and 40.0% of female students reported that they or their partner used a condom during last sexual intercourse (Table 3).

Reported by: Div of Reproductive Health and Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

TABLE 1. Percentage of high school students reporting having had sexual intercourse,[*] by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1990[†]

	Ever had sexual intercourse					
	Female		Male		Total	
Category	%	(95% CI[§])	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(±2.4)	56.4	(±4.5)	51.6	(±2.9)
Black	60.0	(±5.4)	87.8	(±2.4)	72.3	(±3.7)
Hispanic	45.0	(±5.5)	63.0	(±5.5)	53.4	(±4.7)
Grade						
9th	31.9	(±4.1)	48.7	(±5.7)	39.6	(±4.5)
10th	42.9	(±5.5)	52.5	(±6.9)	47.6	(±4.9)
11th	52.7	(±5.7)	62.6	(±6.3)	57.3	(±5.5)
12th	66.6	(±3.9)	76.3	(±4.1)	71.9	(±3.1)
Total	**48.0**	**(±2.7)**	**60.8**	**(±4.3)**	**54.2**	**(±2.9)**
	Sexual intercourse during the 3 months preceding the survey					
	Female		Male		Total	
Category	%	(95% CI)	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	37.1	(±2.3)	39.0	(±3.9)	38.0	(±2.5)
Black	42.3	(±5.1)	68.1	(±5.1)	53.9	(±4.7)
Hispanic	31.4	(±4.6)	44.6	(±5.3)	37.5	(±3.7)
Grade						
9th	20.8	(±2.7)	29.1	(±3.3)	24.7	(±2.5)
10th	32.4	(±4.7)	36.4	(±6.1)	34.3	(±4.5)
11th	41.3	(±5.7)	45.1	(±5.7)	43.1	(±4.9)
12th	52.7	(±3.7)	56.9	(±5.5)	55.0	(±3.7)
Total	**36.4**	**(±2.1)**	**42.5**	**(±3.9)**	**39.4**	**(±2.7)**

[*] Ever and during the 3 months preceding the survey.
[†] Unweighted sample size = 11,631 students.
[§] Confidence interval.

TABLE 2. Percentage of high school students[*] reporting contraceptive[†] use at last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990[§]

	Female		Male		Total	
Race/Ethnicity	%	(95% CI[¶])	%	(95% CI)	%	(95% CI)
White	81.1	(±2.7)	80.1	(±4.9)	80.6	(±3.1)
Black	71.4	(±6.7)	76.3	(±4.7)	74.3	(±4.3)
Hispanic	62.6	(±6.9)	69.1	(±5.9)	66.2	(±4.9)
Total	**77.7**	**(±2.5)**	**77.8**	**(±3.7)**	**77.7**	**(±2.5)**

[*] Among students reporting sexual intercourse during the 3 months preceding the survey.
[†] Contraceptive methods include birth control pills, condoms, withdrawal, or another method.
[§] Unweighted sample size = 11,631 students.
[¶] Confidence interval.

Editorial Note: National health objectives for the year 2000 include efforts to reduce the proportion of adolescents who have engaged in sexual intercourse to ≤15% by age 15 and ≤40% by age 17 (objectives 5.4, 18.3, and 19.9) and among sexually active, unmarried persons ≤19 years of age, increase to at least 90% the proportion who use contraception (objective 5.6) (*2*). To reach these objectives, the percentage of students who report ever having had sexual intercourse will have to be reduced substantially, and the percentage of sexually active students who use contraception will have to increase by 16%.

Two of the national health objectives are to increase the use of condoms to 60%–75% among sexually active, unmarried persons aged 15–19 years during last sexual intercourse (objectives 18.4a,b and 19.10a,b) (*2*). To reach these objectives, sexually active students must increase their use of condoms by 50%.

These changes in behavior will require interventions that integrate the efforts of parents, families, schools, religious organizations, health departments, community agencies, and the media. Education programs should provide adolescents with the knowledge, attitudes, and skills they need to refrain from sexual intercourse (*5*). For adolescents who are unwilling to refrain from sexual intercourse, programs should help to increase the use of contraceptives and condoms.

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TABLE 3. Percentage of high school students[*] reporting use of condoms during last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990[†]

	Female		Male		Total	
Race/Ethnicity	**%**	**(95% CI[§])**	**%**	**(95% CI)**	**%**	**(95% CI)**
White	41.7	(±3.3)	50.0	(±4.5)	45.9	(±3.1)
Black	36.7	(±7.8)	54.5	(±3.8)	47.1	(±4.9)
Hispanic	28.1	(±7.8)	46.8	(±6.5)	38.4	(±5.1)
Total	**40.0**	**(±3.0)**	**49.4**	**(±3.3)**	**44.9**	**(±2.5)**

[*] Among students reporting sexual intercourse during the 3 months preceding the survey.
[†] Unweighted sample size = 11,631 students.
[§] Confidence interval.

MMWR January 17, 1992

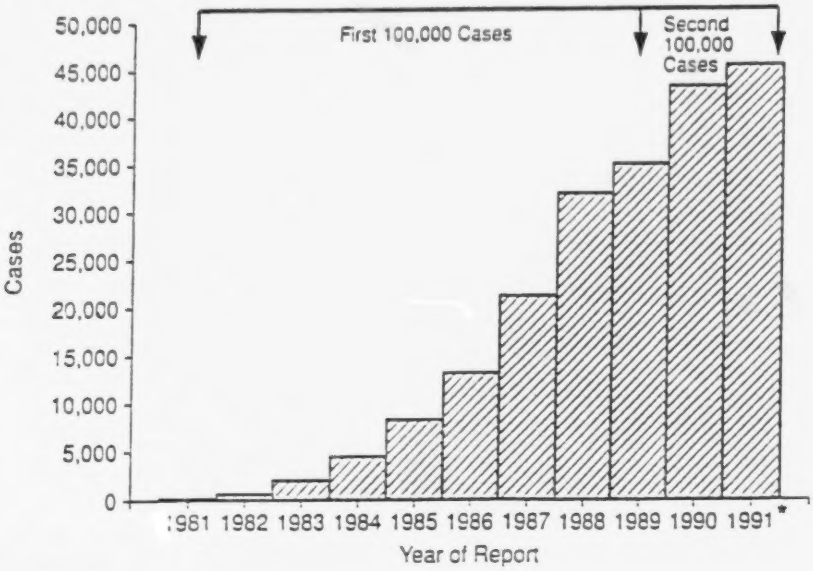
The Second 100,000 Cases of Acquired Immunodeficiency Syndrome — United States, June 1981–December 1991

The first cases of acquired immunodeficiency syndrome (AIDS) were reported in June 1981 (*1*). From 1981 through December 1987, 50,000 AIDS cases had been reported to CDC, and by August 1989, 100,000 cases had been reported (*2*). From September 1989 through November 1991, state and territorial health departments reported 100,000 additional cases. By December 31, 1991, a cumulative total of 206,392 cases had been reported (Figure 1), and the cumulative number of reported deaths associated with AIDS was 133,232. This report presents characteristics of the first and second 100,000 persons with AIDS.

Overall, most reported AIDS cases occurred among homosexual/bisexual men (i.e., men who reported sexual contact with other men) (59%) and injecting-drug users (IDUs) (22%). Of the first 100,000 reported AIDS cases, 61% occurred among homosexual/bisexual men with no history of IDU, and 20%, among female or heterosexual male IDUs. In comparison, of the second 100,000 reported cases, 55% occurred among homosexual/bisexual men with no history of IDU, and 24% occurred among female or heterosexual male IDUs.

The second 100,000 cases reflect an increasing proportion of persons with AIDS who have been reported to have had heterosexual exposure to persons at risk for human immunodeficiency virus (HIV) infection. Of the first 100,000 persons with AIDS, 5% were attributed to heterosexual transmission, compared with 7% among the second 100,000—a 44% increase. Of all AIDS cases among women, 34% were attributed to heterosexual transmission, and women accounted for 61% of all cases attributed to heterosexual transmission. Of the first 100,000 persons with AIDS, 9% were women, compared with 12% of the second 100,000 persons. The first 100,000

FIGURE 1. AIDS cases, by year of report — United States, 1981–1991



*Cases reported through December 1991.

Acquired Immunodeficiency Syndrome — Continued

persons with AIDS included 1683 children, of whom 81% were born to mothers with or at risk for HIV infection; the second 100,000 persons with AIDS included 1702 children, of whom 87% were born to mothers with or at risk for HIV infection.

A disproportionate number of AIDS cases continue to be reported among blacks and Hispanics. Of the first 100,000 reported cases, 27% occurred among blacks and 15% among Hispanics; of the second 100,000 reported cases, these proportions increased to 31% and 17% for blacks and Hispanics, respectively.

The proportion of AIDS cases related to transfusions as a mode of exposure declined in both adults (2.5% to 1.9%) and children (11% to 5.6%) from the first to the second 100,000 cases.

Reported by: Surveillance Br, Div of HIV/AIDS, National Center for Infectious Diseases, CDC.

Editorial Note: The cumulative total of more than 200,000 reported AIDS cases emphasizes the rapidly increasing magnitude of the HIV epidemic in the United States. The first 100,000 cases were reported during an 8-year period, whereas the second 100,000 cases were reported during a 2-year period.

The number and proportion of AIDS cases associated with heterosexual transmission of HIV has been increasing steadily. Factors associated with an increased risk for heterosexual transmission include multiple sex partners and the presence of other sexually transmitted diseases. In the United States, men and women who have unprotected sexual contact, particularly with partners known to have risks for HIV infection, are at increased risk for HIV infection. A recent analysis of expected trends in AIDS cases in the United States suggests that by 1995, the infection rate among nondrug-using heterosexual men and women may be associated with a doubling of AIDS cases acquired through heterosexual transmission (*3*).

Of the estimated 1 million HIV-infected persons in the United States, approximately 20% have developed AIDS. Approximately half of all persons who have been diagnosed with HIV infection and who have evidence of severe immunosuppression (i.e., CD4+ counts <200 cells/µL) meet the current AIDS surveillance case definition (*4*). Approximately 125,000 persons who do not have an AIDS-defining illness are estimated to have a CD4+ lymphocyte count <200 cells/µL (CDC, unpublished data). CDC has proposed expanding the AIDS surveillance case definition to facilitate more complete reporting of all persons with severe HIV-related immunosuppression and who are at the highest risk for developing serious illnesses or death* (*5*).

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*The draft document is available for review from the National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231. Written comments on this draft document should be sent to the same address by February 14, 1992.

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The HIV/AIDS Epidemic: The First 10 Years

On June 5, 1981, the first cases of an illness subsequently defined as acquired immunodeficiency syndrome (AIDS) were reported by health-care providers in California and CDC (*1*). As of May 31, 1991, state and local health departments had reported to CDC 179,136 AIDS cases among persons of all ages in the United States. By the end of 1991, AIDS will be the second leading cause of death among men 25–44 years of age and is likely to be one of the five leading causes of death among women aged 15–44 years in the United States (*2*).

The World Health Organization estimates that 8–10 million adults and 1 million children worldwide are infected with human immunodeficiency virus (HIV), the etiologic agent of AIDS. By the year 2000, 40 million persons may be infected with HIV (*3*). More than 90% of these persons will reside in developing countries in sub-Saharan Africa, South and Southeast Asia, Latin America, and the Caribbean. In addition, during the 1990s, mothers or both parents of more than 10 million children will have died from HIV infection/AIDS.

AIDS will remain a major public health challenge worldwide in the 21st century. Education of all persons about AIDS to prevent transmission of HIV infection is critical to controlling this problem.

Reported by: Technical Information Activity, Div of HIV/AIDS, Center for Infectious Diseases, CDC.

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APPENDIX C

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p. 21-27 and 33

Epidemiologic Notes and Reports

Update: Transmission of HIV Infection during an Invasive Dental Procedure – Florida

Possible transmission of human immunodeficiency virus (HIV) infection during an invasive dental procedure was previously reported in a young woman (patient A) with acquired immunodeficiency syndrome (AIDS) (*1*). Patient A had no identified risk factor for HIV infection and was infected with a strain of HIV closely related to that of her dentist as determined by viral DNA sequencing. A follow-up investigation has identified four additional patients of the dentist who are infected with HIV. Laboratory and epidemiologic investigation has been completed on three of these patients (Table 1); two are infected with strains closely related to those of the dentist and patient A but not to strains from other persons residing in the same geographic area as the dental practice. The follow-up investigation included review of medical records of the dentist and interviews of former staff on the infection-control procedures of the dental practice. This report summarizes the findings of the investigation.*

Epidemiologic Investigation of the Dentist's Patients

Following the initial report (*1*), the dentist wrote an open letter to his former patients, which prompted 591 persons to be tested for HIV antibody at the Florida Department of Health and Rehabilitative Services (HRS) county public health units; two (patients B and C) were seropositive. In addition, one infected patient (patient D) was identified by HRS by matching the list of available names of the dentist's former patients with the state's AIDS surveillance records, and another (patient E) contacted CDC to report that she was HIV-infected and a former patient of this dentist. Although

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*Single copies of this article will be available free until January 18, 1992, from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850; telephone (800) 458-5231.

TABLE 1. HIV-infected patients in a dentist's practice for whom DNA sequencing data are available and investigations are completed

Patient*	Sex	Identified risk factor	Clinical status	Dental visits No.	Dental visits Dates
A	Female	No	AIDS	6	Nov. 1987–Jun. 1989
B	Female	No	Asymptomatic CD4 >200–$<500/\text{mm}^3$	21	Dec. 1987–Jul. 1989
C	Male	Not confirmed	Asymptomatic CD4 $<200/\text{mm}^3$	14	Dec. 1984–May 1989
D	Male	Yes	AIDS	19	Jun. 1985–May 1989

*HIV DNA sequences for patients A, B, and C were similar to each other and to those of the dentist.

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the exact number of patients in this dental practice is unknown, approximately 1100 additional persons who may have been patients of the dentist and who could be located have been contacted by HRS to offer counseling and HIV-antibody testing; of these persons, 141 have been tested, and all are seronegative.

Patient B is an elderly woman for whom no risk factor for HIV infection could be established. She did not report intravenous (IV)-drug use or sexual contact with persons at risk for HIV infection. Based on interviews and review of her medical records, she had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome. Serologic tests for syphilis and hepatitis B virus (HBV) were negative. The patient's spouse, to whom she has been married >25 years, tested negative for HIV antibody.

Patient C is a young man who has reported multiple heterosexual partners and a history of non–IV-drug use, including one hospitalization for toxicity caused by an illicit drug. Other risk factors for HIV infection were suggested by secondary sources but were not corroborated by the patient. He had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome; serologic tests for syphilis and HBV were negative. His wife and other female sexual contacts who were tested were HIV seronegative.

Patient D is a man with AIDS with established risk factors for HIV infection. Patient E is a woman with HIV infection whose epidemiologic and laboratory investigation has not yet been completed. All patients (A–E) denied sexual contact with the dentist, and they did not name each other as sex partners.

From 1984 through 1989, patients A, B, and C made numerous visits to this dentist (Table 1) for a variety of procedures: patient A – extractions, prophylaxis (cleaning), and cosmetic bonding; patient B – extractions, prophylaxis, periodontal scaling and root planing, and fixed and removable prosthodontics; and patient C – extractions, prophylaxis, periodontal scaling and root planing, and restorative fillings.

On two occasions, two of these three patients had appointments on the same day: in 1987, patient B was examined for a toothache the same day patient A had two maxillary third molars extracted; in 1989, patients B and C had prophylaxes performed on the same day. Neither the order nor the time of day of their appointments could be determined because appointment books could not be located; also, whether the dentist provided dental care for patients B and C during their appointments for prophylaxes is unknown.

To examine the likelihood that patients shared visit days, two conditional probabilities were calculated based on the number of visits made by each patient (six for patient A, 21 for patient B, and five for patient C) from November 1987 through the closure of the practice in July 1989[†]. These probabilities were calculated assuming visits occurred at random over the interval during days the dentist's office was open, without allowing multiple visits for the same patient on the same day. Given these assumptions, the probability of each of these patients having shared at least 1 day with another is 0.17; the probability of patients A and B having shared at least 1 day and patients B and C having shared at least 1 day is 0.13. These probabilities suggest that the shared visit days may have been chance events.

Laboratory Investigation

To determine the relatedness of the HIV strains from patients B, C, and D to those of the dentist and patient A, blood specimens were obtained from these patients and from eight HIV-infected persons (controls 1–8) randomly selected from two HIV clinics located within 90 miles of the dental practice. Six of the eight controls were men; the sex of the other two controls was not known. Most men in these clinics were either homosexual/bisexual or IV-drug users. Because the blood samples from the controls were collected anonymously, details of their sexual and dental histories were not available.

[†] The interval during which at least two of these HIV-infected persons (patients A, B, and C) were patients of this dentist.

Sequencing of the HIV proviral DNA present in these specimens was performed at CDC using previously described methods (*1–4*).[§] The sequences included an approximately 300-base-pair variable region (V3) and/or an approximately 350-base-pair region, consisting of variable regions (V4 and V5) and a constant region (C3), encoding the amino acids of gp120. From one to 25 molecular clones obtained from each specimen were sequenced.[¶]

In collaboration with Los Alamos National Laboratory, computer-based methods were used to analyze the relationships of HIV DNA sequences from the dentist, the four dental patients (A–D), and the eight control patients and from 21 other North American isolates (*5*). Because of the sequence variation between multiple molecular clones of HIV DNA obtained from the same person, consensus sequences were derived to represent the major viral strain present in each person. For four persons (the dentist, patients A and D, and one of the control patients), two consensus sequences were created to encompass the range of their HIV sequence variation.

Sequence variation can be depicted by tree analysis (*5*). The viruses of the dentist and patients A, B, and C are closely related in their V3 sequences (Figure 1), with an average difference of 3.4%. This degree of sequence relatedness has been reported only for multiple HIV strains obtained from a single person or for HIV strains from persons whose infections were epidemiologically linked (*3,4*). In contrast, the V3 sequences from the dentist and patients A, B, and C were not closely related to the viral sequences from patient D, seven control patients, and the 21 other North American isolates. Furthermore, the average viral sequence difference for patient D and seven control patients was approximately 13% (range: 8%–15%), suggesting that no particular HIV strain predominates in the geographic area in which the dentist practiced and indicating that no other instance of comparable viral sequence relatedness was identified.

In a separate analysis of a relatively conserved portion of the V4-C3-V5 region, including sequences from the eighth control, the viruses from the dentist and patients A, B, and C had an average difference of 1.8%, whereas the average difference of viruses from the local controls was 4.8%.

The low probability (p = 0.006, Wilcoxon rank-sum statistic) that the HIV DNA sequences from patients A, B, and C would be closer by chance alone to the sequence from the dentist than to the sequences from the eight controls indicates that the viruses from patients A, B, and C are significantly more similar to the dentist's virus than to the viruses of the controls.

[§] HIV exhibits considerable genetic variability, particularly in the gene for its envelope glycoprotein (gp120), and analyses of DNA sequences of this gene can be used to determine the relations of viruses infecting different persons. Analyses of multiple molecular clones of HIV obtained from an infected person can also define the range of genetic variation in the virus infecting that person. Sequence differences are least for viral clones obtained from a single infected person, intermediate for viruses from persons whose infections are epidemiologically linked, and greatest for viruses from persons whose infections are epidemiologically unrelated (*5*).

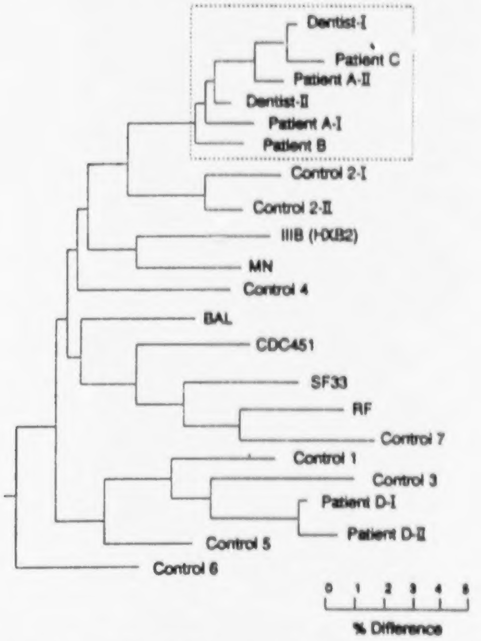
[¶] To assure that no laboratory error occurred, DNA sequences from patients B, C, and D encoding the human leukocyte antigen DQ α were amplified by the polymerase chain reaction. The lengths of the sequences from these specimens were distinct from each other and from the sequence lengths found for the dentist and patient A (*1*), confirming that each of the samples represented a different person. As an additional verification of the source of each set of DNA sequences, DNA oligonucleotides corresponding to short sequences unique to the HIV strains from each of these three persons were used as hybridization probes. The probes hybridized only with DNA from the person from whose virus the probe was derived.

In addition, the HIV strains of the dentist and patients A, B, and C shared a unique pattern (or "signature sequence") of amino acids encoded by V3 nucleotides. This pattern was absent in the other sequences analyzed. This signature sequence provides additional evidence for the close relation among the viruses from the dentist and the three patients.

Medical History of the Dentist

Review of the dentist's medical records revealed that he was diagnosed with symptomatic HIV infection in late 1986, and AIDS in September 1987. At the time of the AIDS diagnosis, his CD4 lymphocyte count was $<200/mm^3$; zidovudine therapy was begun, discontinued for a short period in late 1987, then restarted and continued until after the practice closed in 1989. In 1988, he received radiation therapy for Kaposi's sarcoma of the palate. He performed invasive procedures on patients A and B after he was diagnosed with AIDS, including the brief period when he was not receiving antiretroviral therapy, and on patient C both before and after he was

FIGURE 1. Tree analysis of V3 nucleotide sequences from the dentist; patients A, B, C, and D; and seven local control patients* and from six North American HIV isolates (IIIB [HXB2], MN, BAL, CDC451, SF33, and RF)


Dentist-I
Patient C
Patient A-II
Dentist-II
Patient A-I
Patient B
Control 2-I
Control 2-II
IIIB (HXB2)
MN
Control 4
BAL
CDC451
SF33
RF
Control 7
Control 1
Control 3
Patient D-I
Patient D-II
Control 5
Control 6
0 1 2 3 4 5
% Difference

For the dentist, patients A and D, and control 2, alternate consensus sequences are indicated by Roman numerals (I and II). The horizontal branch lengths (see scale) indicate percent nucleotide differences calculated based on a total of 308 nucleotides from the V3 region. The percent difference between any two viruses can be determined by adding the horizontal branch lengths needed to connect the two. Vertical distances in the figure are for illustration purposes only. The dotted box indicates the cluster of closely related sequences present in the viruses from the dentist and patients A, B, and C. More distant North American HIV sequences are not shown.

*No V3 sequence was available for the remaining control patient.

diagnosed with symptomatic HIV infection. While the dentist was in practice, he had no record of peripheral neuropathy, dementia, thrombocytopenia or other bleeding disorder, hand dermatitis, or injury.

Investigation of the Dental Practice

The office employees of the dentist were interviewed regarding infection-control and other work practices of the dental office. Of the 14 employees, eight have been tested for HIV antibody; all were negative, including the dental hygienists who could have performed prophylaxes on patients A, B, and C. Interviews revealed that no written policy or training course on infection-control principles or practice was provided for staff by the dentist and that no office protocol existed for reporting or recording injuries, such as needlesticks or other percutaneous injuries involving sharp instruments or devices. Anesthetic needles were either recapped by the dentist using a two-handed technique** or left uncapped and recapped by the assistant using a two-handed technique on completion of the dental treatment procedure. One seronegative staff person recalled sustaining an injury while washing sharp instruments, but no other specific incidents were reported by the staff. In addition, neither patient B nor patient C recalled, nor did review of the dental records indicate, any specific incidents that would have exposed them to the dentist's blood (i.e., an injury to the dentist, such as a needlestick or cut with a sharp instrument); however, no injury log was kept. The dentist could not be interviewed before his death regarding his care of these patients.

Staff members reported that barrier precautions had been introduced into the practice by early 1987 and that all staff, including the dentist, wore latex gloves and surgical masks for patient-care activities. Staff reported that they changed gloves and washed their hands between most patient contacts; occasionally, however, they washed gloves rather than changed them between patient contacts. Masks reportedly were changed infrequently. Staff reported that the dentist's use of gloves and mask and handwashing practices were similar to their own. None of the staff reported a history of dermatitis.

Staff reported that by 1987 all surgical instruments were autoclaved. Nonsurgical heat-tolerant instruments (e.g., dental mirrors) were autoclaved when practice conditions, such as time and instrument supply, allowed or were immersed in a liquid chemical germicide for varying lengths of time. Tests of the autoclave in October 1990 demonstrated that it was functioning properly. Dental equipment, such as handpieces, prophylaxis angles, and air/water syringe tips, were not autoclaved but were either wiped with alcohol or immersed in a liquid chemical germicide at irregular intervals. Some disposable items (e.g., saliva ejectors, high-speed evacuation tubes, and prophylaxis cups) occasionally were reused after being immersed in a liquid chemical germicide for varying lengths of time. Germicides known to be available in the dental office were isopropyl alcohol and 2% glutaraldehyde. The dental practice had no written protocol or consistent pattern for operatory cleanup and instrument reprocessing.

Office staff also reported that the dentist occasionally received prophylactic treatment from the hygienists; at least one hygienist topically treated an oral lesion of the dentist on one occasion in 1987.

Reported by: JJ Witte, MD, Florida Dept of Health and Rehabilitative Svcs. Div of HIV/AIDS and Hospital Infections Program, Center for Infectious Diseases; Dental Disease Prevention Activity, Center for Prevention Svcs; National Institute for Occupational Safety and Health, CDC.

Editorial Note: Based on the following considerations, this investigation strongly

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**Needle-recapping procedure in which the syringe with exposed needle is held in one hand and the needle cap or sheath is held in the other hand.

suggests that at least three patients of a dentist with AIDS were infected with HIV during their dental care: 1) the three patients had no other confirmed exposures to HIV; 2) all three patients had invasive procedures performed by an HIV-infected dentist; and 3) DNA sequence analyses of the HIV strains from these three patients indicate a high degree of similarity of these strains to each other and to the strain that had infected the dentist—a finding consistent with previous instances in which cases have been linked epidemiologically (*3,4*). In addition, these strains are distinct from the HIV strains from patient D (who had known behavioral risks for HIV infection), from the strains of the eight HIV-infected persons residing in the same geographic area, and from the 21 other North American isolates.

Because the dentist had known behavioral risk factors for HIV, his infection was probably not occupationally acquired. The precise mode of HIV transmission to patients A, B, and C remains uncertain. All three patients had invasive dental procedures performed by the dentist at times when he was known to be HIV-infected, with patients B and C each having multiple invasive procedures. Multiple opportunities existed for the dentist to sustain needlestick injuries (e.g., during administration of local anesthetics, two-handed needle-recapping procedures, and suturing) or cuts with a sharp instrument, particularly in poorly visualized operative sites. Although barrier precautions were reportedly used, these techniques were not always consistent or in compliance with recommendations. Furthermore, barrier precautions do not prevent most sharps injuries (e.g., puncture or cut wounds); therefore, the occurrences of puncture or cut wounds during treatment may have allowed the dentist's blood to enter an open wound or contact mucous membranes of a patient directly. Objective assessment of sharps injuries, beyond self-reports by the staff and a previous report by the dentist, was not possible (*1*).

Patients A, B, and C had invasive dental procedures performed after the dentist's diagnosis of AIDS, and two of the patients did not receive dental care from this dentist until after he had been diagnosed with AIDS and had evidence of severe immunosuppression (i.e., CD4 lymphocyte count $<200/\text{mm}^3$). At this time, higher titers of virus may have been present in the dentist's blood and he may have been more likely to transmit virus than earlier in the course of his HIV disease (*6*).

Transmission might also have occurred by the use of instruments or other dental equipment that had been previously contaminated with blood from either the dentist or a patient already infected by the dentist. The office did not have a written policy for reprocessing dental instruments and equipment and reportedly did not consistently adhere to all recommended guidelines (*7–11*). However, this mode of transmission may be less likely than direct blood-blood transfer during an invasive procedure because HIV is present in blood at low concentrations, does not survive in the environment for extended periods, and has not demonstrated resistance to heat or to commonly used chemical germicides (*7*). The investigation suggested that the instances in which two of the three patients had appointments on the same day may have been chance occurrences. In addition, no invasive procedure was documented for patient B on the day both she and patient A visited the office, and the HIV status of patients A, B, and C is unknown for the days of their shared visits.

The precise risk for HIV transmission to patients during invasive procedures is not known but is most likely very low (*1*). Although AIDS has been recognized in the United States since 1981, the cases described here are the first in which such transmission has been reported.

Guidelines for prevention of transmission of HIV and other bloodborne pathogens in health-care settings have been published by CDC and others (*7–12*); these guidelines promote adherence to universal precautions, including prevention of blood contact between health-care workers and patients, and proper cleaning and sterilization or disinfection of instruments and other patient-care equipment.

CDC will convene a meeting in Atlanta on February 21–22 to review current information on risks of transmission of HIV and HBV to patients during invasive procedures and to assess the implications of these risks. Information regarding this meeting can be obtained from the meeting organizers, PACE Enterprises, at (404) 633-8610.

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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

U.S. Department of Health and Human Services
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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (*1-5*).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help **school personnel**, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do **not** attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

American Academy of Pediatrics
American Association of School Administrators
American Public Health Association
American School Health Association
Association for the Advancement of Health Education
Association of State and Territorial Health Officers
Council of Chief State School Officers
National Congress of Parents and Teachers
National Council of Churches

National Education Association
National School Boards Association
Society of State Directors of Health, Physical Education,
  Recreation and Dance
U.S. Department of Education
U.S. Food and Drug Administration
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (*6*).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective wnen carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (*7-9*). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who **have not** engaged in sexual intercourse and who **have not** used illicit drugs to continue to –

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who **have** engaged in sexual intercourse or who **have** injected illicit drugs, school programs should enable and encourage them to –

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunitites to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.

People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.

People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of *infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.*

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia *infection, gonorrhea, herpes, human papillomavirus, and syphilis.*

Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons ***are not*** *infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons* ***are*** *infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care* *and counseling about other medical problems that may result from a weakened immunologic system.*

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at **each** grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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Appendix I

The President's Domestic Policy Council's Principles for AIDS Education

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex and should be used with the consent and involvement of parents.

Appendix II

The Extent of AIDS and Indicators of Adolescent Risk

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Although in 1985, fewer than 60% of AIDS cases in the United States were reported among persons residing outside New York City and San Francisco, by 1991 more than 80% of the cases will be reported from other localities (*1*).

It has been estimated that from 1 to 1.5 million persons in the United States are infected with HIV (*1*), and, because there is no cure, infected persons are potentially capable of infecting others indefinitely. It has been predicted that 20%-30% of individuals currently infected will develop AIDS by the end of 1991 (*1*). Fifty percent of those diagnosed as having AIDS have not survived for more than about 1.5 years beyond diagnosis, and only about 12% have survived for more than 3 years (*2*).

By the end of 1987, about 50,000 persons in the United States had been diagnosed as having AIDS, and about 28,000 had died from the disease (*2*). Blacks and Hispanics, who make up about 12% and 6% of the U.S. population, respectively, disproportionately have contracted 25% and 14% of all reported AIDS cases (*3*). It has been estimated that during 1991, 74,000 cases of AIDS will be diagnosed, and 54,000 persons will die from the disease. By the end of that year, the total number of deaths caused by AIDS will be about 179,000 (*1*). In addition, health care and supportive services for the 145,000 persons projected to be living with AIDS in that year will cost our Nation an estimated $8-$10 billion in 1991 alone (*1*). The World Health Organization projects that by 1991, 50-100 million persons may be infected worldwide (*4*). The magnitude and seriousness of this epidemic requires a systematic and concerted response from almost every institution in our society.

A vaccine to prevent transmission of the virus is not expected to be developed before the next decade, and its use would not affect the number of persons already infected by that time. A safe and effective antiviral agent to treat those infected is not expected to be available for general use within the next several years. The Centers for Disease Control (*5*), the National Academy of Sciences (*6*), the Surgeon General of the United States (*7*), and the U.S. Department of Education (*8*) have noted that in the absence of a vaccine or therapy, educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic. Because the virus is transmitted almost exclusively as a result of behavior individuals can modify (e.g., by having sexual contact with an infected person or by sharing intravenous drug paraphernalia with an infected person), educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. The average age at first intercourse for females remained at approximately 16.2 years between 1971 and 1979 (*9*). The average proportion of never-married teenagers who have ever had intercourse increases with age from 14 through 19 years. In 1982, the percentage of never-married girls who reported having engaged in sexual intercourse was as follows: approximately 6% among 14-year-olds (*10*), 18% among 15-year-olds, 29% among 16-year-olds, 40% among 17-year-olds, 54% among 18-year-olds, and 66% among 19-year-olds (*11*). Among never-married boys living in metropolitan areas, the percentage who reported having engaged in sexual intercourse was as follows: 24% among 14-year-olds, 35% among 15-year-olds, 45% among 16-year olds, 56% among 17-year-olds, 66% among 18-year olds, and 78% among 19-year olds (*9,12*). Rates of sexual experience (e.g., percentage having had intercourse) are higher for black teenagers than for white teenagers at every age and for both sexes (*11,12*).

Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Two percent reported that they currently engaged in homosexual activity (*13*).

Another indicator of high-risk behavior among teenagers is the number of cases of sexually transmitted diseases they contract. Approximately 2.5 million teenagers are affected with a sexually transmitted disease each year (*14*).

Some teenagers also are at risk of becoming infected with HIV through illicit intravenous drug use. Findings from a national survey conducted in 1986 of nearly 130 high schools indicated that although overall illicit drug use seems to be declining slowly among high school seniors, about 1% of seniors reported having used heroin and 13% reported having used cocaine within the previous year (*15*). The number of seniors who injected each of these drugs is not known.

Only 1% of all the persons diagnosed as having AIDS have been under age 20 (*2*); most persons in this group had been infected by transfusion or perinatal transmission. However, about 21% of all the persons diagnosed as having AIDS have been 20-29 years of age. Given the long incubation period between HIV infection and symptoms that lead to AIDS diagnosis (3 to 5 years or more), some fraction of those in the 20- to 29-year-age group diagnosed as having AIDS were probably infected while they were still teenagers.

Among military recruits screened in the period October 1985-December 1986, the HIV seroprevalence rate for persons 17-20 years of age (0.6/1,000) was about half the rate for recruits in all age groups (1.5/1,000) (*16*). These data have lead some to conclude that teenagers and young adults have an appreciable risk of infection and that the risk may be relatively constant and cumulative (*17*).

Reducing the risk of HIV infection among teenagers is important not only for their well-being but also for the children they might produce. The birth rate for U.S. teenagers is among the highest in the developed world (*18*); in 1984, this group accounted for more than 1 million pregnancies. During that year the rate of pregnancy among sexually active teenage girls 15-19 years of age was 233/1,000 girls (*19*).

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe they are likely to become infected (*20,21*). Indeed, a random sample of 860 teenagers (ages 16-19) in Massachusetts revealed that, although 70% reported they were sexually active (having sexual intercourse or other sexual contact), only 15% of this group reported changing their sexual behavior because of concern about contracting AIDS. Only 20% of those who changed their behavior selected effective methods such as abstinence or use of condoms (*20*). Most teenagers indicated that they want more information about AIDS (*20,21*).

Most adult Americans recognize the early age at which youth need to be advised about how to protect themselves from becoming infected with HIV and recognize that the schools can play an important role in providing such education. When asked in a November 1986 nationwide poll whether children should be taught about AIDS in school, 83% of Americans agreed, 10% disagreed, and 7% were not sure (*22*). According to information gathered by the United States Conference of Mayors in December of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, and 24 more were planning such education (*23*). Of the districts that offered AIDS education, 63% provided it in 7th grade, 60% provided it in 9th grade, and 90% provided it in 10th grade. Ninety-eight percent provided medical facts about AIDS, 78% mentioned abstinence as a means of avoiding infection, and 70% addressed the issues of avoiding high-risk sexual activities, selecting sexual partners, and using condoms. Data collected by the National Association of State Boards of Education in the summer of 1987 indicated that a) 15 states had mandated comprehensive school health education; eight had mandated AIDS education; b) 12 had legislation pending on AIDS education, and six had state board of education actions pending; c) 17 had developed curricula for AIDS education, and seven more were developing such materials; and d) 40 had developed policies on admitting students with AIDS to school (*24*).

The Nation's system of public and private schools has a strategic role to play in assuring that young people understand the nature of the epidemic they face and the specific actions they can take to protect themselves from becoming infected—especially during their adolescence and young adulthood. In 1984, 98% of 14 and 15 year-olds, 92% of 16 and 17 year-olds, and 50% of 18 and 19 year-olds were in school (*25*). In that same year, about 615,000 14- to 17-year-olds and 1.1 million 18- to 19-year-olds were not enrolled in school and had not completed high school (*26*).

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Additional copies may be requested from the National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" P.O. Box 6003 Rockville, Maryland 20850.

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MORBIDITY AND MORTALITY WEEKLY REPORT

Perspectives in Disease Prevention and Health Promotion

Condoms for Prevention of Sexually Transmitted Diseases*

Introduction

Prevention is the most effective strategy for controlling the spread of infectious diseases. Prevention through avoiding exposure is the best strategy for controlling the spread of sexually transmitted disease (STD). Behavior that eliminates or reduces the risk of one STD will likely reduce the risk of all STDs. Prevention of one case of STD can result in the prevention of many subsequent cases. Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies. Proper use of condoms with each act of sexual intercourse can reduce, but not eliminate, risk of STD. Individuals likely to become infected or known to be infected with human immunodeficiency virus (HIV) should be aware that condom use cannot completely eliminate the risk of transmission to themselves or to others.

Efficacy

For the wearer, condoms provide a mechanical barrier that should reduce the risk of infections acquired through penile exposure to infectious cervical, vaginal, vulvar, or rectal secretions or lesions. For the wearer's partner, proper use of condoms should prevent semen deposition, contact with urethral discharge, and exposure to lesions on the head or shaft of the penis. For infectious agents spread from lesions rather than fluids, condoms may offer less protection because areas of skin not covered by the condom may be infectious or vulnerable to infection.

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*This summary includes data presented at a conference entitled "Condom in the Prevention of Sexually Transmitted Diseases" sponsored by the American Social Health Association, Family Health International, and the Centers for Disease Control and held in Atlanta, Georgia, February 20-21, 1987. The following consultants assisted in the formulation of these data and strategies: J. Cohen, Ph.D., M. Conant, M.D., University of California; L. Pappas, San Francisco AIDS Foundation, San Francisco, California; F. Judson, M.D., Disease Control Service and University of Colorado, Denver, Colorado; J. Graves, M. Rosenberg, M.D., American Social Health Association; M. Potts, M.D., Family Health International, Research Triangle Park, North Carolina; P. Harvey, Population Services International, Washington DC; L. Liskin, Johns Hopkins University, Baltimore, Maryland; M. Solomon, Solomon Associates, Sudbury, Maine.

Laboratory and epidemiologic studies provided information about the effectiveness of condoms in preventing STD. Laboratory tests have shown latex condoms to be effective mechanical barriers to HIV (1) herpes simplex virus (HSV) (2-4), cytomegalovirus (CMV) (5), hepatitis B virus (HBV) (6), chlamydia trachomatis (2), and Neisseria gonorrhoeae (4). Latex condoms blocked passage of HBV and HIV in laboratory studies, but natural membrane condoms (made from lamb cecum), which contain small pores, did not (6-8). The experimental conditions employed in these studies may be more extreme than those encountered in actual use; however, they suggest that latex condoms afford greater protection against viral STD than do natural membrane condoms.

The actual effectiveness of condom use in STD prevention is more difficult to assess. It is difficult to determine if a user has been exposed to an infected partner or whether the condom was correctly used. However, several cross-sectional and case-control studies have shown that condom users and/or their partners have a lower frequency of gonorrhea, ureaplasma infection, pelvic inflammatory disease, and cervical cancer than persons who do not use condoms (9). Consistent previous condom use was associated with seronegativity during the 1- to 3-year follow-up period in a recent study of HIV antibody-negative heterosexual spouses of patients with acquired immunodeficiency syndrome (AIDS) (10). Another recent investigation of prostitutes in Zaire has also suggested a protective association between a history of condom use and HIV seronegativity (11).

Condoms are not always effective in preventing STD. Failure of condoms to protect against STD is probably explained by user failure more often than by product failure. User failure includes failure to: 1) use a condom with each act of sexual intercourse, 2) put the condom on before any genital contact occurs, and 3) completely unroll the condom. Other user behaviors that may contribute to condom breakage include: inadequate lubrication, use of oil-based lubricants that weaken latex, and inadequate space at the tip of the condom. Product failure refers to condom breakage or leakage due to deterioration or poor manufacturing quality. Deterioration may result from age or improper postmanufacturing storage conditions. No scientific data on the frequency or causes of condom breakage are available. Likewise, no data are available comparing the susceptibility to breakage of condoms of various sizes, thickness, or types, i.e., natural versus latex, lubricated versus nonlubricated, or ribbed versus smooth. Experimental methods need to be developed to test the factors associated with breakage. Such information is necessary to provide users with accurate instructions on proper condom use.

Quality Assurance

Since 1976, condoms have been regulated under the Medical Device Amendments to the Federal Food, Drug, and Cosmetic Act. Within the Food and Drug Administration (FDA), the Center for Devices and Radiological Health is responsible for assuring the safety and effectiveness of condoms as medical devices. Beginning in the spring of 1987, FDA undertook an expanded program to inspect latex condom manufacturers, repackagers, and importers to evaluate their quality control and testing procedures. In its testing of condoms, FDA uses a water-leak test in which a condom is filled with 300 ml of water and checked for leaks. The FDA has also adapted its inspection sampling criteria to conform with the American Society for Testing and Materials Standard D3492-83 for latex condoms. FDA criteria and the industry acceptable quality level (AQL) for condoms specify that, in any given batch, the failure rate due to water leakage cannot exceed four condoms per thousand. Batches exceeding the specified rejection criteria are recalled or barred from sale. Among batches of condoms that have met the AQL, the average failure rate observed was 2.3/1,000.

As of February 1988, FDA had examined samples from 430 batches of domestically produced and foreign-made condoms. These examinations have resulted in the testing of over 102,000 condoms. In FDA's sampling methodology, the sample size is determined by the size of the batch of condoms introduced into the market, the inspection level, and the AQL. Approximately 38,000 domestically produced condoms from 165 different batches of condoms were tested. Nineteen of those batches (approximately 12%) had leakage rates of over 4/1,000 and failed the test. By contrast, approximately 21% of the 265 foreign-manufactured batches failed to meet AQL standards. Thus far, as a result of both FDA's sampling program and the manufacturers' quality assurance programs, four domestic manufacturers have conducted 16 condom recalls.

FDA samples foreign-made condoms before they are passed through U.S. customs. If two or more of a given foreign manufacturer's batches offered for import are found to have leakage rates of more than 4/1,000, future shipments from that manufacturer are automatically detained at the port of entry. Seven foreign firms are presently on this automatic detention list. FDA also has the authority to seize any lot that is found to be violate if the manufacturer or importer does not take appropriate action.

Use of Spermicides with Condoms

The active ingredients (surfactants) in commercially available spermicides have been shown in the laboratory to inactivate sexually transmitted agents, including HIV (9,12,13). Vaginal use of spermicides is associated with a lower risk of gonorrhea and chlamydial infection in epidemiologic studies of women (9,14). The use of spermicide-containing condoms may provide additional protection against STD in the event of condom leakage or seepage. However, the spermicidal barrier would no longer be in place if the condom breaks. If extra protection is desired, vaginal application of spermicide is likely to afford greater protection than the use of spermicide in the condom because a larger volume of spermicide would already be in place in the event of condom breakage. Neither the safety nor the efficacy of spermicides in preventing sexually transmitted infections of the anal canal or oropharynx has been studied.

Prevalence of Use

Recent studies suggest that condom use for STD prevention is increasing in selected populations but is still infrequent. In 1985, a sample of New York City male homosexuals reported a significant increase in condom use with both insertive and receptive anal intercourse after the respondents became aware of AIDS (15). In the year before learning of AIDS, the men used condoms an average of 1% of the time when engaging in insertive anal intercourse; in the ensuing year, 20% of respondents reported consistent condom use. In 1984, 39% of the men in a prospective study in San Francisco reported having anal intercourse; 26% of these men used condoms (16). In April 1987, 19% of the San Francisco respondents reported anal intercourse; 79% used condoms. The trend in condom use for STD prevention among heterosexual men and women are unknown. In a 1986-87 survey of female prostitutes in the United States, 4% reported condom use with each vaginal exposure (17).

Proper Selection and Use

The Public Health Service has previously made recommendations on reducing the risk of HIV infection through consistent use of condoms (18). Additional recommendations include a guideline for manufacturers published by FDA that recommends proper labeling of condoms to include adequate instructions for use (Center for Devices and Radiological Health, FDA; Letter to all U.S. condom manufacturers, importers, and repackagers, April 7, 1987). Users can increase the efficacy of condoms in preventing infection by using a condom properly from start to finish during every sexual exposure. It is unknown whether brands of condoms with increased thickness offer any more protection for anal or vaginal intercourse than thinner brands. Even with a condom, anal intercourse between an infected individual and a uninfected partner poses a risk of transmitting HIV and other sexually transmitted infections because condoms may break.

The following recommendations for proper use of condoms to reduce the transmission of STD are based on current information:

1. Latex condoms should be used because they offer greater protection against viral STD than natural membrane condoms (7).
2. Condoms in damaged packages or those that show obvious signs of age (e.g., those that are brittle, sticky, or discolored) should not be used. They cannot be relied upon to prevent infection.
4. Condoms should be handled with care to prevent puncture.
5. The condom should be put on before any genital contact to prevent exposure to fluids that may contain infectious agents. Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped in the tip of the condom.
6. Adequate lubrication should be used. If exogenous lubrication is needed, only water-based lubricants should be used. Petroleum- or oil-based lubricants (such as petroleum jelly, cooking oils, shortening, and lotions) should not be used since they weaken the latex.
7. Use of condoms containing spermicides may provide some additional protection against STD. However, vaginal use of spermicides along with condoms is likely to provide greater protection.
8. If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage, the immediate use of spermicide has been suggested (19). However, the protective value of postejaculation application of spermicide in reducing the risk of STD transmission is unknown.

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9. After ejaculation, care should be taken so that the condom does not slip off the penis before withdrawal; the base of the condom should be held while withdrawing. The penis should be withdrawn while still erect.
10. Condoms should never be reused.

Condoms should be made more widely available through health-care providers who offer services to sexually active men and women, particularly in STD clinics, family planning clinics, and drug-treatment centers. These same facilities should become more assertive in counseling patients on STD prevention. Recommendations for prevention of STD, including HIV infection, should emphasize that risk of infection is most effectively reduced through abstinence or sexual intercourse with a mutually faithful uninfected partner. Condoms do not provide absolute protection from any infection, but if properly used, they should reduce the risk of infection.

Reported by: Center for Devices and Radiological Health, Food and Drug Administration. Division of Sexually Transmitted Diseases, Center for Prevention Services; AIDS Program, Center for Infectious Diseases, Center for Disease Control.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Prekindergarten-GRADE 3

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
Students are likely to be: • egocentric • developing new independence from parents and gradually orienting toward peers • able to relate to their own bodies and be curious about body parts • highly competitive and capable of unkindness to each other • able to understand information if it relates to their own experiences	The primary goal is to allay student's fears of HIV and to establish a foundation for more detailed discussion of sexuality and health. • Information about HIV should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families. • Students should be encouraged to feel positively about their body parts and the difference between boys and girls. Teachers should answer their questions about how babies are developed and born. • AIDS should be defined simply as a very serious disease that some adults and teenagers get. Students should be told that they do not need to worry about playing with children whose parents have HIV or with those few children who do have the disease. • Students should be cautioned never to play with hypodermic syringes found on playgrounds or elsewhere and to avoid contact with other people's blood. • Questions should be answered directly and simply; responses should be limited to questions asked. • Students should be taught assertiveness about refusing unwanted touch by others, including family members.	**Social/Emotional Development-Prekindergarten** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by: • being responsible for personal hygiene; • learning about the parts of the body and what they do; • recognizing routine healthy behaviors; • expanding vocabulary to include health terms; and • recognizing common visible signs of general illness and wellness. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to develop a healthy self-concept reflected by recognizing own uniqueness. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by observing and following home/school safety rules and procedures by staying away from medications and poisons. **Health–Kindergarten** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health–Grade 1 Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission. **Health–Grade 2** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases. **Health—3** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health, cleanliness, health of eyes and ears; habits of rest, sleep, posture, and exercise; and self-concept; • recognize the negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 4-5

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
Students are likely to be: • aware of sexual feelings and desires either in themselves or in others and feel confused about them • increasingly sensitive to peer pressure • capable of concern for others • exploring sex roles • in different stages of pre-puberty are usually very interested in learning about sexuality and human relationships • quite comfortable discussing human sexuality • confused between fact and fancy (between hypothesis and reality) • able to internalize rules and to know what is right or wrong according to those rules	It is appropriate to use the same approach for grades K-3 with an increased emphasis on: • affirming that bodies have natural sexual feelings; • helping children to examine and affirm their own and their family's values. Teachers of 4th and 5th grades should: • continue providing basic information about human sexuality, helping children understand puberty and the changes in their bodies; • be prepared to answer questions about HIV and HIV prevention.	**Health—Grade 4** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote habits of rest, sleep, posture and exercise; and self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to recognize scope of services provided by community health agencies. **Health—Grade 5** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • identify ways to care for the principal body systems. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to identify locally available volunteer health agencies.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 6-8

Developmental Characteristics of Students

Students are likely to be:

- engaged in a search for identity (including sexual identity), asking "Who am I?" and "Am I normal?" very centered on self
- influenced by peer education
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand the changes in their bodies
- able to understand that behavior has consequences, but may not believe the consequences could happen to them
- fearful of asking questions about sex which might make them appear uninformed

Appropriate Approaches To HIV Education

The primary goal is to teach students to protect themselves and others from infection with HIV.

- Students should learn the basic information about HIV transmission and prevention.
- HIV issues should be made as real as possible without overly frightening students. Movies about, or classroom visits from, people with AIDS have helped students in some schools overcome their denial of the disease and give AIDS a human face.
- The focus should be on health behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own values.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop skills to assert this right.
- It must not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other sexually transmitted diseases (STDs).

Texas Essential Elements Which Address HIV Education

Health–Grade 6

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:
- identify daily practices that promote self-concept;
- identify factors, including peer pressure, that contribute to alcohol, tobacco, marijuana, and other drug abuse and methods of prevention, with special emphasis on illegal drugs; and
- identify ways to care for the principal body systems.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:
- identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment; and
- identify basic emergency treatment, including aid to persons choking or not breathing.

Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to relate the system of health services provided by government to the health needs of people.

Health Education–Grade 7 or 8 (1/2 unit)

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:
- determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, and other drugs;
- recognize that daily health practices affect confidence and achievement, social development, and wellness.
- investigate the range of effects on personal health and safety from the use of alcohol, tobacco, and other drugs;
- recognize own personal attributes and attitudes;
- discriminate between responsible and irresponsible choices that affect personal health; and recognize body systems and their functions.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:
- investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases;
- demonstrate communication skills that foster healthy relationships; and
- investigate influence of other persons on an individual's attitudes, interests, and needs.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • predict consequences of poor management of public health hazards; • identify local public health agencies' resources; and • identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases. **Life Science (1 unit)** shall be a laboratory-oriented course. Health concepts and skills. (A three-week unit of health education including these essential elements shall be taught each semester within this life science course.) The student shall be provided opportunities to: • determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, marijuana, and other drugs; • investigate the range of effects on personal health and safety from the use of alcohol, tobacco, marijuana, and other drugs; • discriminate between responsible and irresponsible choices that affect personal health; and • investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

APPENDIX D

GRADES 9-12

Developmental Characteristics of Students

Students are likely to be:

- still struggling for a sense of personal identity, especially those who are confused about their sexual identities
- thinking that they "know it all"
- seeking greater independence from parents
- open to information provided by trusted adults
- near end of this period, beginning to think about establishing more permanent relationships
- experiencing an illusion of immortality
- sexually active

Appropriate Approaches To HIV Education

- It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples.
- Sexual vocabulary should be connected with slang, if necessary to be certain students understand the lesson.
- It is important to be non-threatening and to work to alleviate anxiety.
- Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context.
- Teaching about HIV is often enhanced by:
  --movies and other visual aids;
  --role plays and other participatory exercises;
  --same sex groupings (to encourage more candid discussion) followed by sharing in a mixed-sex group (to increase comfort level in discussing sexual subjects with members of the opposite sex);
  --involvement of students in planning and teaching, let young people speak the message to each other whenever possible.
- HIV education should also include discussion of critical social issues raised by the epidemic, such as protecting the public without endangering individual liberties.
- Teachers should have resources to help students find answers to detailed medical questions.
- Students should be taught skills that will enable them to continue to evaluate the HIV crisis.

Texas Essential Elements Which Address HIV Education

Health Education (1/2 unit) Grades 9-12

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- understand the care of body systems and their functions;
- relate personal behavior to wellness;
- demonstrate responsible behavior concerning alcohol, tobacco, and other drugs; and
- understand responsible behavior and the interrelationship of diet, exercise, rest, and recreation.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases; and
- demonstrate responsible behavior in prevention and control of diseases and promotion of health.

Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to:

- be aware of community health resources and activities;
- identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases;
- investigate current health issues.

Advanced Health Education (1/2 unit)

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- emphasize health as a personal priority;
- practice critical thinking and rational problem solving; and
- investigate current health and safety issues.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- use a systematic approach to acquire health information
- relate giving and receiving love and maintaining friendships to consideration for the well-being of others and to personal well-being; and
- project the effects of personal choices on the quality of life, now and in the future.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • describe the wide range of resources designed to protect and promote the well-being of groups of people; • use systematically acquired, comprehensive health information while making choices that affect personal health and the health of society; and • identify the roles of individuals, the family, community health departments, the medical profession in controlling sexually transmitted diseases.
		Biology 1 (1 unit) shall be a laboratory-oriented course. The use of classification skills in ordering and sequencing data. The student shall be provided opportunities to classify plants, animals, protists, and viruses according to similarities and differences.
		Experience in skills in relating objects and events to other objects and events. The student shall be provided opportunities to: • analyze scale models of DNA and RNA; • compare and contrast modes of defense used by organisms; • contrast human activities that affect the natural environment.
		Experience in applying defined terms based on observations. The student shall be provided opportunities to clarify operational definitions used in explaining digestion, respiration, circulation, reproduction of organisms, and skeletal, nervous, and endocrine systems.
		Application of science in daily life. The student shall be provided opportunities to: • analyze the economic importance of microbes, plants, and animals; and • evaluate the applications and career implications of biology principles and the findings of research.
		Biology 11 (1 unit) shall be a laboratory-oriented course. Application of science in daily life. The student shall be provided opportunities to: • apply biological principles to medical science and to technology; and • evaluate the applications and career implications of biology principles and the findings of research.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Physiology and anatomy (1/2-1 unit) shall be a laboratory-oriented course. The use of skills in acquiring data through the senses. The student shall be provided opportunities to: • observe anatomical structures; and • examine physiological systems. Experience in oral and written communication of data in appropriate form. The student shall be provided opportunities to: • describe the physiological functions of selected anatomical structures; and • explain the organization of body function. Application of science in daily life. The student shall be provided opportunities to: • apply the principles of physiology to human health and well-being; and • evaluate the applications and career implications of physiology and anatomy principles and the findings of research. **Applied Biology (1 unit)** shall be a laboratory-oriented. Rational thinking skills. The student shall be provided opportunities to organize thought processes which will contribute to personal well-being (medical decisions and nutrition). Science knowledge. The student shall be provided opportunities to acquire biological information to maintain the individual's well-being (human body systems; diseases: prevention, symptoms, and treatment; and plant and animal systems: vascular and life cycles). Applications of sciences. The student shall be provided opportunities to: • consider the consequences of personal actions (pollution, health practices, and products and services); and • apply biological knowledge in a manner that results in optimum benefit for society (research participation in public affairs, and public service).

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Comprehensive Home Economics (1 unit) shall be a laboratory-oriented course. Concepts and skills related to family living. The student shall be provided opportunities to: • apply techniques to develop self-awareness and skills for self-direction; • analyze factors involved in socially responsible behavior; • apply techniques which contribute to positive relationships with family, peers, authority figures, and others. **Individual and Family Life (1/2 unit)** Concepts related to adult roles. The student shall be provided opportunities to: • summarize responsibilities of living as an independent adult; • determine decisions to be made in interpersonal relationships and implications for the future. Concepts and skills related to special concerns in the family. The student shall be provided opportunities to: • discuss potential family problems and crises; • describe methods for preventing and coping with family problems and crises. **Family/Individual Health (1/2 unit)** Concepts and skills related to personal health and wellness. The student shall be provided opportunities to: • analyze individual and family health decisions, influencing factors, and implications; • outline principles of good personal health. Concepts and skills of home health care for the sick. The student shall be provided opportunities to explain the causes, symptoms, methods of transmission, and prevention of communicable diseases. **Parenting and Child Development (1/2 unit)** Concepts and skills related to the decision to parent. The student shall be provided opportunities to: • summarize the responsibilities of human sexuality; • project how one's present behavior impacts future goals; • discuss the roles and responsibilities of parents at different stages of the family life cycle; • relate the effects of life styles and cultures on parenting behavior.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Advanced Child Development (1/2 unit) Concepts and skills related to parenthood. The student shall be provided opportunities to: • describe responsibilities of parenting; • summarize the financial impact of children on the family; • discuss social, emotional, intellectual, and physical factors related to parenting; and • describe responsible behavior in prevention and control of disease. Concepts and skills related to prenatal and postnatal care. The student shall be provided opportunities to: • describe the stages of prenatal and neonatal development; • outline the impact of genetics, environment, and mother's health on prenatal development; • identify neonatal care essential to the well-being of the child; and • describe postnatal care essential to the well-being of the mother. Concepts and skills related to the development of children. The student shall be provided opportunities to: • identify developmentally appropriate sex-related information for children of different ages; • point out the impact of parenting/caregiver practices on a child's self-esteem. Concepts and skills related to special needs. The student shall be provided opportunities to: • describe methods for identifying children with special needs; • summarize forms, causes, effects, prevention, and treatment of child abuse. **The following essential element shall be common to all coordinated vocational-academic education (CVAE) courses.** Concepts and skills related to personal development. The student shall be provided opportunities to understand the methods for attaining and maintaining physical health.

Adapted from *Criteria for Evaluating an AIDS Curriculum*,
National Coalition of Advocates for Students

Cultural Sensitivity for HIV Prevention Educators

Thoughts, comments and interviews by Dr. Maria Natera, Multicultural Educational Consultant, former Principal and classroom bilingual educator.

Approaches for Students and Teachers

Teaching is a demanding and risk-filled profession (Pullias and Young, 1976), but when done well, ***it is a deeply rewarding one.*** Good teaching requires both an understanding of mainstream America and a willingness to learn about ethnic groups and aspects of their lives and values that differ from ours.

Before I address some cultural specifics and the challenge of HIV prevention education, I must assure you that I know this leaflet cannot do justice to the problem. There is no attempt to be comprehensive or to deal with all minority cultures; the purpose is to suggest ***paths of thought*** rather than to make a full exploration of those paths. These views have helped me and have seemed to help some of my colleagues.

Cultural Specifics for Teaching Effectiveness

By the year 2000, one out of every three elementary and secondary school students in the United States will be a member of an ethnic minority. In California and many other states, multiethnic students will make up the majority of the school population (NEA, 1987).

Each year, school districts introduce thousands of new teachers into the profession. Most of these new teachers, as well as many veteran teachers, will have had no methodology classes on teaching the limited English-speaking child and will have had no training in cross-cultural communication.

When I interviewed new and veteran teachers about preservice instruction, they often expressed concern that their student teaching experience was monocultural. These quotes from new teachers provide some insight into the importance of addressing cultural sensitivity issues in preservice courses.

> "In preservice training I wish they had taught something about how to communicate with Hispanic parents. I found that my first parent conferences went rather poorly, due in part to my discomfort with how quiet the mother was and how the father did all the talking. I was also uncomfortable with what I perceived as their low academic expectations for their children."
>
> Pamela Madera, Elementary Teacher.

> "In preservice training I didn't learn to work with language and cultural differences. Fortunately, my district has a program for new teachers. However, I have three friends in another district who were dynamic just a year ago in graduate school, but are planning to leave the profession at the end of the year, due to the difficult assignments, the unrealistic preservice program and the lack of a supportive program at their schools."
>
> Kenneth Williams, Elementary Teacher.

> "I had no training in strategies for students unable to focus on learning due to the trauma of war, death, drugs and poverty. The students wrote about guns, losing family members, fear of deportation, and I felt that I needed sensitivity training. With experience, I learned to talk with my students one to one and build trust. When I was afraid or threatened, I was quite distant from my students and with their parents."
>
> Ellen Gee, High School Teacher.

> "Students know when I am uncomfortable with them—how sometimes I don't understand them, their parents or their apathy or poverty. Before I can teach them, I must get to know them."
>
> Deb Clay, Middle School Teacher.

Future teachers need help in comprehending the complexities of their first assignments, including a cultural exploration of who their students are and why they act the way they do. The United States is a multicultural community.

According to Edward T. Hall in *Beyond Culture* (1981), the study of cultures and the consideration of ethnicities is especially important for Americans, because they are generally intolerant of differences and have a tendency to consider something different as inferior. U.S. schools use competition as a primary method for motivating students and stress the importance of the individual. These values are part of American culture and are not shared by all cultures.

Many of our values may be unconscious, which can increase the difficulty of intercultural communication. Therefore, cross-cultural learning in the schools becomes a necessity. Cultural sensitivity means more than education, teaching or training. In multi-ethnic classrooms, cultural sensitivity means that the *how* of communication is at least as important as the *what*.

Seven Capacities for Cultural Sensitivity

I am convinced that teachers inevitably teach lessons based on their own beliefs and values. Hence, a commitment to becoming culturally sensitive is an essential ingredient in your success as a teacher. As you consider the following *capacities*, do some personal introspection. Ask yourself, "Which capacities are currently my personal qualities? Which ones might need further development? How might I, as a future teacher, develop a greater level of cultural sensitivity?"

1 *The capacity to communicate respect*—to transmit, verbally and nonverbally, positive regard, encouragement and sincere interest.

2 *The capacity to personalize knowledge and perceptions*—to recognize the influence of one's own values, perceptions, opinions and knowledge of human interaction, and to regard such as relative, rather than absolute.

3 *The capacity to display empathy*—to try to understand others from their point of view, to attempt to put oneself into others' life space and to feel as they do about the matter under consideration.

4 *The capacity to be nonjudgmental*—to avoid moralistic, value-laden, evaluative statements, and to listen in such a way that others (students, colleagues or friends) can fully share and explain themselves.

5 *The capacity for role flexibility*—to be able to get a task accomplished in a manner and time frame appropriate to the learner, and to be flexible in the process for getting assignments done, particularly with reference to participation and group activities.

6 *The capacity to demonstrate reciprocal concern*—to take turns talking, share the responsibility for interaction, and in group work, promote circular communication. Refining listening skills reinforces the capacity to demonstrate reciprocal concern.

7 *The capacity to tolerate ambiguity*—to be able to cope with cultural differences, to accept a degree of frustration and to deal with ever-changing circumstances and people.

(Adapted from the Canadian International Development Agency model as described in *Managing Cultural Differences*, Harris and Moran, 1979.)

These capacities overlap and interrelate. Consider the variety of capacities addressed in the following examples:

- Teachers have many ways of showing trust and respect to students. Teachers communicate respect and trust in the way they respond to questions, the privileges they grant and the way they express discontent. They have a responsibility to communicate their respect for the variety of cultures represented in their classrooms.
- Different cultures have different values, beliefs and characteristics. Teachers need to understand the cultural backgrounds of their students. They should be aware of and sensitive to religious beliefs and customs and considerate of home situations.
- Many factors in our society have contributed to a reduction in the amount of time parents are able to spend with their children. Single parents may not be able to devote much time to assist children with homework. Parents with limited English ability may not be able to assist their children with certain assignments. Teachers need to consider these factors when planning lessons and making assignments.
- When addressing issues related to disease, it is important to remember that different cultures have different belief systems regarding disease and illness. It may be necessary to assume the learner role and allow students to share their belief systems. This enlightenment will enable the teacher to adapt lessons to allow for multicultural beliefs, thus promoting a better understanding of disease.
- To provide models for effective group interaction, teachers must surrender the role of authority and take a place alongside their students. Encourage each student to work as a member of the group to achieve certain goals. By being alert and sensitive, teachers can provide opportunities for students to express themselves and to clarify their feelings.

"Culture teaches us what to value, and what to fear, which behavior signals to watch for in others, and which to send, which words to use and which to avoid" (Harris and Moran, 1979). It is important to recognize the attitudes we hold and assumptions we make about other groups. These assumptions usually are unconscious. The importance of our behavior is apparent in the saying: "Your actions speak so loudly, I can hardly hear what you say." We must see ourselves as others see us before we can seek an objective view of our students.

HIV Issues and Minority Populations

"AIDS is disproportionately affecting People of Color, particularly in the Black and Hispanic communities" (Gerald, 1988). The County of Los Angeles Commission on Human Relations held a hearing on AIDS and the minority populations in winter 1988. According to Carol Chang, Human Relations Commissioner, some commonalties surfaced as representatives from the Black, Latino, Native American, Asian and Pacific Islander communities testified.

The most alarming common thread in the testimony was the difficulty these communities have in acknowledging the problem of HIV. This is due in part to cultural stigmas and lack of knowledge. Latino health workers reported that it is very difficult for some Latinos to accept ideas that contradict moral beliefs For example, Latinas cannot bring themselves to suggest the use of condoms, because they are not supposed to know about such things as sex, homosexuality and substance abuse.

These minority groups also have difficulty acknowledging homosexuality (Chang, 1989). The invisibility of homosexuals, because many do not self-identify as gay or bisexual even though they may engage in sex with other males, complicates the issue.

Drug usage is a concern among these groups, particularly as it relates to HIV. Pacific Islanders (Samoans) report a high level of intravenous drug usage. Thirty-six percent of the Black and Latino cases of AIDS occur among intravenous drug users, compared to only 6 percent among Whites (Gerald, 1988). Native American groups with high numbers of substance abusers report a need to have the mainstream culture help strengthen their social culture, not to destroy it as they learn about the dangers of HIV (NEA, 1987).

The commission also found that in minority communities medical resources are often poor, and community members feel isolated and generally do not have health insurance. "The AIDS health crisis exacerbates the underlying poor health and poor socioeconomic conditions among America's racial and ethnic minorities" (Gerald, 1988).

Clearly, culturally sensitive education about HIV and AIDS must be directed at all members of our population if we are to effectively stop the spread of this terrible disease. It is imperative that HIV and AIDS information and education be available to minority youngsters by early adolescence. For HIV prevention messages to effectively reach the minority populations, general education programs must be reinforced by culturally sensitive teaching strategies.

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Legal Issues

I. FEDERAL AND STATE LAWS

A. Federal Laws

RIGHTS OF STUDENTS AND EMPLOYEES WITH HIV INFECTION OR AIDS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

In short, Section 504 requires the school to make reasonable accommodations in order to allow an infected staff member or student to remain in his or her present assignment unless he or she is carrying a disease that is easily communicable in a school setting.

Section 504 of the Rehabilitation Act of 1973 has been used successfully by both students and staff members infected with a contagious disease to require that schools allow them to remain in the school setting. This section states that "no otherwise qualified individual...shall, solely by reason of his handicap, be excluded from participation, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal Financial Assistance..."

The Act defines a handicapped person as any person who
(1) has a physical or mental impairment that substantially limits one or more of such person's major life activities,
(2) has a record of such an impairment, or
(3) is regarded as having such an impairment.

In determining whether a person handicapped with a contagious disease is "otherwise qualified," the following factors must be considered:

- how the disease is transmitted
- how long the carrier is infectious
- potential harm to third parties
- probability that the disease will be transmitted and will cause varying degrees of harm.

Section 504 also requires that the school make any "reasonable accommodations which allow the handicapped person to be otherwise qualified."

Courts across the United States have had to consider whether teachers and students with communicable disease may remain in the school setting.

JUDICIAL DECISIONS

1. An elementary school teacher was dismissed after suffering a third relapse of tuberculosis within three years. The teacher brought suit alleging that the School Board's decision to dismiss her because of her tuberculosis violated Section 504 of the Rehabilitation Act of 1973. The court held that a person suffering from the contagious disease of tuberculosis can be a handicapped individual with Section 504 and that Section 504 protects the teacher from dismissal on the ground of her disease unless her contagiousness renders her not "otherwise qualified" for the job.
   School Board of Nassau County v. Airline. 94 L.Ed.2d 307 (1987).

2. A certified teacher of hearing-impaired students was diagnosed as having AIDS. Subsequently, the Department of Education reassigned him to an administrative position and barred him from teaching in the classroom. The teacher filed suit claiming the Department's action violated Section 504 of the Rehabilitation Act of 1973. The court held that the teacher was not required to disprove every theoretical possibility of harm to obtain preliminary injunction reinstating him to classroom duties. The court stated that the possibility of fear and apprehension in parents and students on the teacher's return to the classroom was not grounds to deny the teacher's preliminary injunction returning him to the classroom.
   Chalk v. U.S. District Court, 840 F.2d 701 (9th Cir. 1988).

3. A five-year-old child diagnosed with AIDS had been admitted to kindergarten and attended without incident for three days. On the fourth day, the child was involved in an incident with another student in which the child bit the other student's pants leg. Although the child's skin was not broken, the infected child was removed from the classroom and required to undergo a psychological evaluation. The court held the child was a handicapped child within the meaning of Section 504 and that he was otherwise qualified to attend regular kindergarten class. The court used the psychologist's findings that the child might be prone to aggressive behavior because of his inferior level of language and social development. The doctor did not, however, predict that the child would bite again. The court weighed the risks and benefits of both the child and others in the school and reached the conclusion that the rights of the child prevailed.
   Thomas v. Atascadero Unified School District, 666F. Supp 1524 (M.D. Fla 1987).

4. A trainable mentally handicapped child with Downs Syndrome was diagnosed as having infectious Hepatitis Type B. The child also repeatedly tested positive for an antigen indicating a degree of infectivity many times higher than other carriers of the Hepatitis B virus. The local school district determined that the child should be placed in a homebound program. Administrative proceedings were brought to allow the child to interact in a school setting with other handicapped children. The State Superintendent of Education determined that the child should be mainstreamed because under the particular circumstances of the case, the risk of transmission of the disease did not outweigh the injury to the child if she remained isolated from her peers. The court affirmed this decision.
   Community High School District 155 v. Denz, 463 N.E. 2d 998 (Ill. App. 2 Dist 1984).

5. A student was diagnosed as a carrier of the AIDS virus. His symptoms included oral thrush and a cold sore on the upper lip. The student had no diarrhea or abnormal bodily secretions and had never exhibited aggressive behavior. The School Board excluded the student from attending regular education classes and extracurricular activities on the basis of his disease. The court found there was no significant risk of transmission of the AIDS virus in the classroom and ordered a preliminary injunction prohibiting the School District from excluding the student from attending full-time curricular and extracurricular activities.
Doe v. Dolton Elementary School Dist. No., 148 F. Sup. 440 (N.D. Ill 1988).

B. State Laws

1. STAFF DEVELOPMENT OR INSERVICE TRAINING

Texas Education Code: 11.208(b)

The State Board of Education by rule shall encourage inservice training for all school employees and volunteers regarding HIV infection.
Texas Education Code, 11.208(b).

The State Board of Education shall require more intensive HIV inservice training for teachers, counselors, and other persons employed in programs related to comprehensive health education, substance abuse prevention, or prevention of sexually transmissible diseases, HIV, and AIDS than for other school employees.
Texas Education Code, 11.208(b).

2. CONFIDENTIALITY

HEALTH 7 SAFETY CODE, SECTION 81.103, SECTION 81.103(b)(5), SECTION 81.103(d), SECTION 81.103(j), TEXAS EDUCATION CODE 21.928.

A. Confidentiality of Test Results

A test result is confidential. A person who possesses or has knowledge of a test result may not release or disclose the test result may not release or disclose the test result or allow the test result to become known except as permitted by the Texas Health & Safety Code, Section 81.103.

B. Disclosure Without Consent

A test result may be released to a physician, nurse, or other health care personnel who has a legitimate need to know the test result in order to provide for his or her own protection and to provide for the patient's health and welfare.
Texas Health & Safety Code, 81.103(b)(5).

C. Disclosure With Consent

1. A person tested for AIDS or HIV infection may voluntarily release or disclose his or her test results to any other person and may authorize the release or disclosure of the test results.
2. A person legally authorized to consent to the test for AIDS or HIV infection may voluntarily disclose or release that person's test results to any other person and may authorize the release or disclosure of the test results.
3. An authorization to disclose or release test results must be in writing and signed by the person tested or the person legally authorized to consent to the test on the person's behalf.
Texas Health & Safety Code, 81.103(d).

D. Scope of Consent

The authorization to disclose or release test results must state the person or class of persons to whom the test results may be released or disclosed.
Texas Health & Safety Code, 81.103(d).

E. Criminal Penalties for Unlawful Disclosure

1. A person commits an offense if, with criminal negligence and in violation of the Texas Health & Safety Code, 81.103, the person releases or discloses a test result or other information or allows a test result or other information to become known.

2. An offense under this subsection is a Class A misdemeanor.
Texas Health & Safety Code, 81.103(j).

F. Medical Records Maintained by the School District

1. A school administrator or teacher is entitled to access a student's medical records maintained by the school district only if the administrator or teacher has completed inservice training on HIV infection and AIDS. (Note, Health and Safety Code 81.103 creates a higher duty of confidentiality regarding HIV and AIDS.) Any record regarding HIV/AIDS should be separated from other medical records.

2. A school administrator or teacher who views medical records under this section shall maintain the confidentiality of those records.
Texas Education Code, 21.928, effective Sept. 1, 1989.

Confidentiality and medical records access are closely linked to the often asked question, "Who needs to know the status of an HIV positive student?" This question is addressed in (2) below:

The only district employees who shall have access to medical records that a student has or has not been tested for, or does or does not have AIDS or HIV infection, are professional personnel who meet both of the following criteria:

1. Have received HIV staff development training that complies with the Texas Education Code 11.208.

2. Have a legitimate need to know in order to provide for their own protection or to provide for the student's health and welfare.

However, the parents of a minor student or an adult student may give written authorization specifying other persons or positions to whom such information may be released. District personnel who have such knowledge shall be provided with information concerning any precautions that may be necessary and shall be advised of confidentiality requirements.

3. RISK OF TRANSMISSION, RISK TO AFFECTED STUDENT, AND REFERRAL TO SPECIAL PROGRAMS

The district medical advisor and the local health authority, in consultation with the person responsible for the school health program and the student's doctor, shall determine whether a significant risk of transmission exists. If it is determined that a significant risk of transmission exists, the student may be temporarily removed from the classroom until one of the following events occurs:

1. An appropriate school program adjustment is made.
2. An appropriate alternative or special education program is established.
3. The local health authority determines that the significant risk has abated and the student can return to class.

Each removal of a student from school attendance under this circumstance shall be reviewed by the district medical advisor in consultation with the student's doctor at least once a month to determine whether the condition precipitating the removal has changed.

A decision to remove a student from the classroom for his or her own protection when cases of communicable diseases are occurring in the school population shall be made in accordance with Texas Department of Health guidelines ; however, the placement, of a special education student can be changed only by an ARD committee.

A student removed from the classroom under this policy may be referred to the ARD committee for assessment and a determination of eligibility for special education. A student determined to be ineligible for special education services may nevertheless be eligible for other special services as a student who is handicapped under Section 504 of the Rehabilitation Act of 1973.

Any decisions regarding restriction on school attendance, participation in school activities, and hygiene procedure shall be made by the ARD committee (in the case of a special education student) or by a group of professionals who are knowledgeable about the student (in the case of a student who is handicapped under Section 504). These committees shall consult the local health authority and the student's physician and parents in making such decisions. They shall also consider the significant health risk posed to and by the student in determining an appropriate individual education plan or other services to be provided.

II. ADDITIONAL INFORMATION PERTAINING TO HIV LEGAL ISSUES

A. INFORMED CONSENT

Informed consent requires two stages. First, a person making a choice must understand what the choice is, what alternatives exist, and the probable risk/benefits of the choice or alternatives. Second, the person agrees to a course of action. In securing permission from a person to reveal his or her HIV serostatus or revelation of other health conditions, the professional offering information should be knowledgeable, patient, and supportive. No coercion should be used at any point in an effort to obtain a signature on a consent form. Two sample informed consent statements, one for staff and one for student/family, are given as examples on the following pages.

Situations may arise where a party refuses to give consent. For example, in situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested or have refused assistance, the Communicable Disease Response Team could simply arrange for general reassurances concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. If epidemiological risk might be a factor and the parent has not asked for or refuses assistance, a team member may in good faith seek advice of state or county health department officials. This can be accomplished by describing the situation without using identifiers for protection of confidentiality. Similar strategies can be used for analogous situations with staff members.

B. SCHOOL PLAN FOR SUPPORT FOR THE HIV-INFECTED

In numerous areas of the state, the schools and churches are the primary institutions in the life of many families. In cases involving school-age children or teens with HIV infection, parents may have few places to turn for support. Thus schools may also find themselves in the unique position of responding to the student/family's needs. Remember that the decision to inform school personnel of a child' s HIV status is in the hands of the parent or guardian and that strict confidentiality of that information must be maintained unless written release is given by that parent or guardian. Likewise, in the instance of an HIV-infected staff member, the school can offer a supportive environment for an individual facing the possibility of life-threatening illness.

When school personnel learn of a person's infection with the HIV, the school has the opportunity to assist a family in need. The initial response will leave a lasting impression with the student or staff member and his or her family. Furthermore, the school response may help set the tone for the response of the community at large.

The effort* can include combinations of the following:

- plan for educational/employment program
- identification and, where applicable, provision of appropriate psychological support systems
- provision of information and assistance with referral to appropriate community services for the staff member or student and his or her family
- a conference with the HIV-infected person's primary physician regarding his or her health needs, if appropriate

*The extent of a school-based effort is determined by the individual's or family's requests for assistance.

C. DISTRICT COMMUNICABLE DISEASE RESPONSE TEAM

A district Communicable Disease Response Team can develop responses and plans for handling issues relating to HIV-infected staff/students. This team should be three or four knowledgeable and professionally trained persons. If the district already has a Crisis Team, this team could assume these responsibilities. However, the team members must be prepared to deal with the potential controversy engendered by public reactions to HIV infection and AIDS.

A district spokesperson should also be appointed to provide public information and to respond to media coverage as needed. This person could be a member of the Communicable Disease Response Team. He or she should be knowledgeable, credible, articulate, and diplomatic.

It is impossible to envision all of the possible situations that may occur as a result of the presence in a school of an HIV-infected person. Therefore, this section is meant to offer general ideas about an appropriate course of action.

In situations where a parent has requested assistance, team members would be notified only if the parent signs an agreement that information be shared with team members. In situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested assistance, the team would simply arrange for general reassurance concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. A diagram on the following page summarizes these possibilities.

If epidemiological risk might be a factor and the parent has not asked for assistance, a team member may in good faith seek the advice of county or state health department officials. For the protection of confidentiality, the team member should describe the situation. Similar strategies can be used for analogous situations with staff members.

adapted from the *Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Series

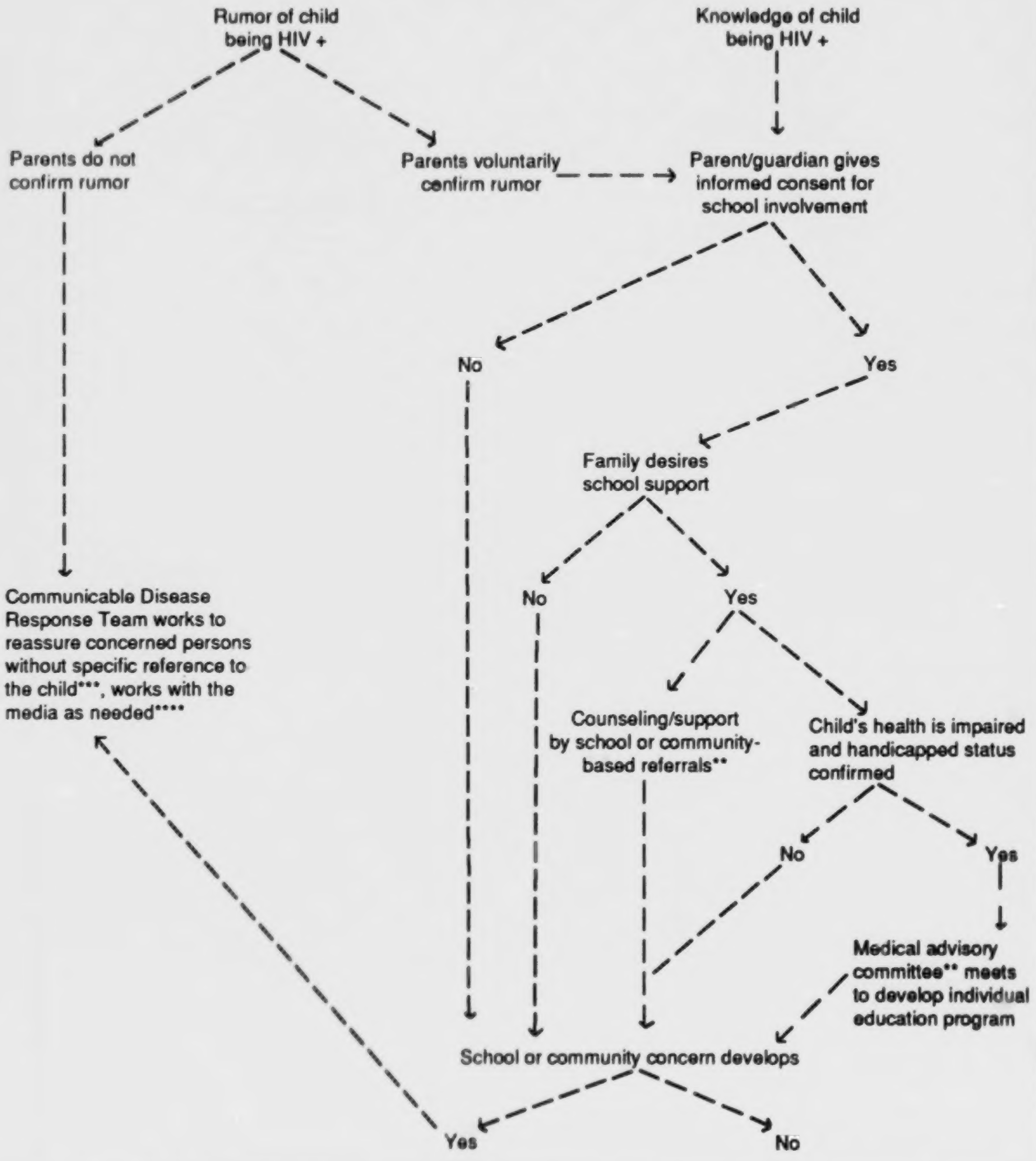
TIME FRAME: BEFORE, DURING, AND AFTER NOTIFICATION CONCERNING HIV-INFECTED PERSONS

	BEFORE	DURING	AFTER
Roles for the staff	• Provide training on HIV infection and disease. • Establish policy/procedures. • Encourage staff to discuss potential issues. • Inform staff of AIDS resources and support. • Train a Communicable Disease Response Team (if desired). • Include AIDS Advisory Council in planning.	• Confer with district medical consultant and public health official(s). • If appropriate, conduct a staff meeting to review AIDS prevention and risk reduction information policy and procedures. • Comply with federal and state laws. • Utilize Communicable Disease Response Team.	• Provide support as needed. • Reinforce positive behaviors. • Anticipate need for grief counseling. • Utilize Communicable Disease Response Team as appropriate.
Activities for the student body	• Integrate developmentally appropriate AIDS prevention and risk reduction education into PreK-12 instruction. • Encourage student leadership and peer education on AIDS issues and education. • Provide support and counseling services as needed.	• Designate locations for students to obtain support from selected health and counseling personnel who have had intensive AIDS staff development inservice.	• Maintain support service as necessary. • Reinforce positive behaviors. • Anticipate the need for grief counseling. • Respond to individuals or groups seeking problem-solving and decision-making skills and accurate information.
Activities on behalf of the staff member or student/family with AIDS virus infection*	• Not applicable	• Inform the individual and/or family of privacy rights. • Secure informed consent for any release of identifiable information. • Include the staff member or student/family whenever possible and appropriate in plans, responses, and activities. • Provide immediate, consistent psychological/social and medical support. • Make referrals to appropriate community services.	• Maintain support and open communication.
Roles for the school board	• Review and adopt policies and procedures.	• Support staff.	• Provide input and support as needed.
Roles for the AIDS advisory council	• Assist in review of policy, curriculum choices, and other matters concerning HIV/AIDS.	• Assist in supporting school-based efforts.	• Assist in supporting school-based efforts.
Activities directed toward the local community	• Provide AIDS education, including reference to policy, for parent organizations, civic groups, etc. • Utilize local Community Action Group (CAG) where appropriate. • Establish rapport with local media.	• Notify public health officials, if necessary. • Respond to media and make contact as appropriate.	• Maintain community resources and networks. • Continue community care, support, concern, and education on AIDS related issues.

*Written informed consent must be secured.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

POSSIBLE SITUATIONS INVOLVING HIV-INFECTED STUDENTS*


Rumor of child being HIV +
Knowledge of child being HIV +
Parents do not confirm rumor
Parents voluntarily confirm rumor
Parent/guardian gives informed consent for school involvement
No
Yes
Family desires school support
No
Yes
Communicable Disease Response Team works to reassure concerned persons without specific reference to the child***, works with the media as needed****
Counseling/support by school or community-based referrals**
Child's health is impaired and handicapped status confirmed
No
Yes
Medical advisory committee** meets to develop individual education program
School or community concern develops
Yes
No

- * Analogous situations might occur in instances of an HIV-infected staff member.
- ** Any individuals to be informed of child's serostatus must be named in informed consent statement signed by parent/guardian.
- *** The school's "Crisis Team" could function in this capacity.
- **** Even in situations where several persons have "found out" the child's identity, the school spokesperson can still model correct confidentiality procedures.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

APPENDIX G

TEXAS
EDUCATION
AGENCY 1701 NORTH CONGRESS AVENUE • AUSTIN, TEXAS 78701-1494 • (512) 463-9734

September 16, 1992

TO THE ADMINISTRATOR ADDRESSED:

SUBJECT: Implications for HIV/AIDS Educational Programs and Policies

Texas educators today face the undeniable need to know the basic facts about AIDS. For example, they should understand that, for the majority of cases, AIDS is a completely preventable disease. In addition, educators should recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

To help educators meet their responsibilities related to HIV/AIDS education, the Texas Department of Health and the Texas Education Agency are jointly issuing the enclosed statement. The statement expands on guidelines distributed in 1985 and in 1987 and includes topics of current concern.

Sincerely,

Lionel R. Meno
Commissioner of Education

David R. Smith, M.D.
Commissioner of Health

HIV/AIDS: IMPLICATIONS FOR EDUCATIONAL PROGRAMS AND SCHOOL POLICIES

Many Texans who have AIDS are aged 20-29. In fact, over 700 cases (22% of the total) were diagnosed with AIDS in this age group as of the summer of 1992. This statistic has significance for Texas educators. Because the period between infection and the onset of symptoms may be as long as 10 years, hundreds of persons with AIDS today were teenagers when they were initially infected. They were attending junior and senior high schools across the state.

The implications of this fact suggest that farsighted Texas school administrators will:

- implement HIV/AIDS education programs
- develop policies related to HIV/AIDS issues

To support these tasks, the Texas Department of Health and the Texas Education Agency are jointly issuing this statement. The statement expands on guidelines that were issued in 1985 and in 1987 and includes topics of current concern.

IMPLEMENTATION OF EDUCATION PROGRAMS

Educators need to be aware of the impact of AIDS on Texas youth and to recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

Well-designed HIV/AIDS education programs teach students skills to help them modify their behaviors. A curriculum published in Fall 1992 by the Texas Education Agency is Education for Self-Responsibility: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III). Programs such as ESR III help students replace risky practices with safe or safer practices, thus preventing or reducing the risk of infection. An important characteristic of effective programs is that they are grade-level appropriate. When correctly implemented, they constitute one component of a comprehensive school health program.

The need for HIV/AIDS education programs is underscored by recent research that indicates teenagers are greatly at risk of being infected because of their high rates of sexual activity. In Texas, heterosexual transmission of HIV accounts for the highest percentage of increase for all modes of exposure.

In light of the continuing spread of HIV, Texas administrators are urged to implement systemwide programs for educating students, parents, and employees on the nature and effects of HIV/AIDS and how to prevent infection.

DEVELOPMENT OF APPROPRIATE POLICIES

In addition to implementing effective educational programs, farsighted educators and administrators will develop well-founded policies. For example, based on the increasing number of HIV infections in Texas, educators should assume that every school has a student or staff member who will, at some point, disclose his or her infection. Schools must be prepared for this situation. Prudent administrators will develop policies that are written in clear language and will review and revise these policies annually.

Policies Related to Students

Educators are encouraged to keep the following points in mind when developing policies related to students:

- The Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS) and other HIV-related conditions, is not transmitted in everyday school settings. An HIV-infected student need not be excluded from school unless certain conditions are present. These conditions are listed on the "Communicable Disease Chart for Schools and Child Care Centers" (TDH Stock #6-30). Infectious organisms such as Rubella, measles, and chicken pox may pose problems for the HIV-infected student. When a case occurs in a school, the parent/guardian and physician of any immunocompromised child should be advised of the situation so that they may decide if the child should attend school while such cases are occurring.

- Precautions should be taught to and followed by everyone who may come in contact with blood or body fluids. Following such precautions will reduce the risk of infection by blood-borne pathogens and infectious agents, including HIV and Hepatitis B virus. In particular, all health professionals employed by schools must follow the universal precautions stated in the Texas Health and Safety Code, §§85.201-206. Guidelines for universal precautions may be obtained from the Centers for Disease Control in Atlanta and from the Texas Department of Health's Infection Control Manual (second edition).

- Contact sports pose no special risk of HIV transmission as long as universal precautions are followed for injuries involving blood.

- Confidentiality of information concerning an individual's HIV status must be strictly maintained. This confidentiality is mandated by statutes that are more restrictive than for other medical conditions. Negligent and unauthorized disclosure of information concerning the HIV status of a student or staff member may result in civil and criminal penalties (Texas Health and Safety Code, §§81.103-.104).

- Routine screening for the presence of antibodies to HIV is unnecessary and inappropriate in preventing the spread of HIV.

Policies Related to Staff

When developing policies related to HIV infection among administrators, teachers, and other school employees, administrators should note the following:

- HIV-infected employees in the ordinary course of their duties do not pose a risk of infecting others at school. The activities that transmit the HIV virus, i.e., sexual activity and illicit drug use (injecting), are not tolerated in any school setting. Therefore, segregation of infected employees in the use of school services and facilities is unwarranted and should be avoided.

  Continuation or termination of an HIV-infected employee is a management decision to be guided by the same policies that apply to other diseases that are not a danger to students or coworkers. Medical opinion and legal advice should be routinely sought in making such a decision. Questions to be answered in arriving at the decision include:

  . Can the employee perform the essential functions of the specific job?

  . If not, can the job be modified?

  . If not, is there some other job within the school setting that can be performed satisfactorily by the employee?

- The Texas Association of School Boards has available a model set of policy guidelines on disabling conditions and communicable diseases, including HIV, for administrators' use in shaping districts' policies.

For additional information on HIV/AIDS issues, educational programs, and policies, contact:

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Bureau of HIV and STD Control
Texas Department of Health
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(512) 463-9734

GETTING YOUR DISTRICT READY FOR A RATIONAL APPROACH TO STUDENTS AND STAFF WHO ARE INFECTED WITH HIV

As a school official, sooner or later you will receive the inevitable phone call telling you that a student or staff member is infected with HIV or has AIDS. What you do now will help determine if there is a full-blown crisis or if the situation is handled confidentially, compassionately, and effectively. The following sections discuss collaborative policy development and planning to handle a potential crisis.

Collaborative Policy Development

The way you develop policies about communicable diseases, such as HIV, and the way you educate others about those policies is critically important. Therefore we suggest that you:

Develop policies collaboratively with health and education officials and staff members to reflect education, health, and legal requirements;

Review and revise your policies annually to reflect the latest research from reliable sources about the disease;

Write policies in clear language so that a wide variety of people, including students, can understand them; and

Write or review your policies now.

A good policymaking process includes the following elements, whether the issue is drug education, teen pregnancy prevention, textbook selection, or cases of HIV infection. The ten basic steps are:

Step 1: Gather existing information on state and federal laws and model policies, existing district policies, and the most current scientific and medical information. In states that have collective bargaining agreements, the adoption of the policy may be a subject for bargaining between the school board and the employee union.

Step 2: Identify sources for assistance, including local community experts, and state and national agencies and organizations.

Step 3: Form the committee that will develop the policy. The committee should include a broad range of community representatives who offer diverse perspectives on the issue, for example, the health department, parents, the clergy, hospitals, and the PTA. Try to involve as many constituents and community special interest groups as possible, such as those who work with intravenous drug users, runaways, and the homeless youth so that you can obtain a full range of opinions and broad support.

School representatives, including: administrators, teachers (including representatives of associations and unions), students, clerical workers, building maintenance workers, school nurses, cafeteria workers, bus drivers, support staff, and other employee unions.

Step 4: Educate the committee and hold a study session for the school board about HIV infection and other relevant issues, thereby providing an opportunity for members to share their knowledge, attitudes, and fears. You may want to invite a noncommittee medical or public health expert from, for example, the state health department, to give a presentation and answer questions.

Step 5: Identify the policy issues that must be addressed. Find out which issues are already covered by state and federal law. Then, develop a list of topics that must be addressed. These would include: the procedure for evaluating the job placement/educational program of infected staff and students, provisions for review and appeal, "universal precautions" and other guidelines for handling body fluids, considerations for special education students, confidentiality, and student and staff education.

Step 6: Prepare a first draft of the policy. Have committee members share this draft with their constituencies, gather opinions, and report back to the full committee.

Step 7: Prepare the final draft of the policy.

Step 8: Present the draft to the school board. Begin the policy adoption process, which may include public hearings.

Step 9: Inform the community about the policy. Hold information sessions for the media and concerned groups such as the PTA.

Step 10: Set guidelines for periodically reviewing and evaluating the policy.

In summary, there are four important points:

1. A policy development process is an educational process. The process of making policy, if sound, will reveal soft points where additional work is needed. A good process is creative and can change people's minds.
2. The process of policymaking may be as important-or more important-than the policy itself.
3. Though it may seem like re-inventing the wheel, policies must be "homegrown" to be effective. Local districts need to develop their won policies. Even if several districts adopt the same policy, it is essential to the policy's success for communities to make it their own.
4. A policy is only as good as the message that is conveyed to the general public. This means that policymakers must find effective ways of educating the community.

Planning to Manage a Crisis

Even if you have a sound communicable disease policy, a day may arrive when the presence of a student or staff member infected with HIV or diagnosed with AIDS causes some community members to become alarmed. The best way to avoid this situation is to have already developed policies collaboratively and to have educated the community about HIV and the rationale for the policy. Still, since an unexpected crisis may cause considerable damage, policymakers should accompany their policies with an action plan. This plan will outline who will manage a potential crisis and what they will do.

Critical elements of an action plan to manage a crisis:

By what it says and what it does, the district must convey its effective management of the situation.

Act with confidence, even if you are in a new situation and are not completely sure what to do. If you do not provide strong management, a vacuum will develop that is likely to be filled by destructive leadership. This can damage all your best efforts in developing a policy and educating the community.

Identify a single, effective spokesperson who can represent the district in a calm, well-informed, and sensitive manner. The spokesperson would be a board member or top school official who receives special preparation for this role. Once a spokesperson is chosen to handle a crisis, he or she should be the only person speaking publicly on the issue. The school community should know the spokesperson's identity so that they can refer media questions to the person.

Consistency of the message is essential in reassuring the community that the matter is being handled competently. When training spokespersons, use analogies. For example, board members should not discuss child abuse cases with the press. Similarly, the district must protect the confidentiality of an persons who is infected with HIV.

Use your connections (for example, with the PTA and the clergy) to reach out to those who may not be typically involved in a crisis, but are leaders in the community, formally or informally.

Make certain that procedures to protect the confidentiality of the infected student or staff member are "airtight." Even if there is some public knowledge about the case, the school district must never disclose the person's identity, location, or even gender. In some cases, people who are infected with HIV have willingly identified themselves, and communities have rallied around that person or their family. But the decision to "go public" must be made by people who are infected with HIV and their families.

Establish and maintain effective working relationships with the media. Educate and brief the media on your policies, especially on confidentiality, so that you will not look defensive in a crisis. Tell them, before the first public case of HIV infection in the schools, what kind of information you can give them and what kind must be keep confidential. Also, examine your policies and procedures regarding the presence of news media personnel inside schools or on school property.

States and communities have had great successes working cooperatively with the media. Consider that many potential crises turn into "non-events" when the crisis is averted. Because they are success stories, they are seldom reported.

Be prepared to deliver intensive in-service and community education programs to the school/ community leaders, to reassure concerned parents and the public. In educating the public, it is best to make no assumptions and how well a school or community member understands the facts about HIV and AIDS, regardless of that person's title or profession. Provide the facts and give everyone a chance to have their questions answered by a medical authority who is knowledgeable about HIV and other infectious diseases.

Recognize the potential minority dimensions of the issue. Respect the needs and interests of minority groups. Beware of condescending language. Some people do not appreciate language that stresses that AIDS education materials need to be "culturally sensitive" to minorities, since such statements can sound insulting. Find people who can deliver education in a way that is understood and trusted by the community members they are addressing. It is important to develop education strategies in cooperation with local organizations that are in touch with a community being addressed. Information needs to be appropriately presented. For example, one Spanish version of a brochure will not serve all Hispanic communities, not all of which use the same vocabulary, share the same life experiences, or have the same cultural background.

There is a possibility of "dual bias" on the part of a community; that is, discrimination on the basis of HIV, and discrimination on the bias of color or ethnicity. School districts may have to handle both issues, and this will complicate a potential crisis. It is important to stress that HIV is transmitted by risky behavior, not by "risk groups." Anyone can be infected if they engage in activities that may expose them to HIV.

Identify an expert in conflict resolution, in case one is needed. Policymakers should identify, in advance, potential sources for help with resolving conflicts. Superintendents and administrators who have already resolved AIDS-related conflicts in their communities can be particularly helpful. They can share practical tactics that have helped settle a crisis. A superintendent who is facing a potential or real crisis can place a confidential call to the state department of education to discuss the situation and obtain referrals to people in the region who have handled a similar problem. State departments of education can aid superintendents by keeping a list of people and organizations that can offer assistance. Other resources include the organizations that helped develop this publication, other national and state education associations, the National Council of Churches, and the Community Relations Service at the U.S. Department of Justice.

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Someone at School has AIDS
A Guide to Developing Policies for Students and School Staff Members
Who Are Infected With HIV
National Association of State Boards of Education

HIV and AIDS

POLICIES, RESOLUTIONS, AND PRINCIPLES FOR AIDS PREVENTION EDUCATION

School officials who are seeking guidance in the creation of policies regarding students infected with HIV as well as HIV and AIDS prevention education may find the following policies and resolutions useful. The policies of The Council for Exceptional Children pertain to students with special health care needs and the management of infectious, communicable, and contagious diseases. The resolutions from the National Congress on Parents and Teachers (PTA) cover a range of issues including information dissemination, testing blood supplies, and placement of students infected with HIV.

THE PRESIDENT'S DOMESTIC POLICY COUNCIL'S PRINCIPLES FOR AIDS EDUCATION

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the federal government that might be used in schools should teach that children should not engage in sex, and the information should be used with the consent and involvement of parents.

Note: Permission granted to photocopy these principles.

AAHE STATEMENT REGARDING HIV INFECTION PREVENTION EDUCATION

AIDS, a serious health problem, is currently an issue of concern to many Americans. The Association for the Advancement of Health Education recommends that accurate and current information about AIDS be a part of a comprehensive school health education instructional program. Because AIDS research information is changing rapidly, it is imperative that the educational process utilize professionally trained health educators.

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STUDENTS WITH SPECIAL HEALTH CARE NEEDS (CEC, 1988)

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and health support during the school day.

The Council believes that policies and procedures developed by schools and health care agencies that serve students with special health care needs should (1) not exclude a student from receipt of appropriate special education and related services; (2) not exclude a student from receipt of appropriate educational services in the least restrictive environment; (3) not require educational agencies to assume financial responsibility for non-educationally related medical services; (4) define clearly the type, nature, and extent of appropriate provider; (5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of the evaluation data, and placement options; (6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved; (7) provide assurance that health care services are delivered by appropriate and adequately trained personnel; (8) provide appropriate medical and legal information about the special health care needs of students for all staff; (9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and (10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to: (1) the nature and management of students with special health care needs; (2) exemplary approaches and models for the delivery of services to students with special health care needs; and (3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, The Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process: (1) that it can be developed through collaborative efforts of health and education agencies at state, provincial, and local educational, health, and legal requirements; (3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms; (4) that policies are supported by data obtained from medical and educational professions; (5) that policy development is easily understandable by students, professionals, and the public at large; and (6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.

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MANAGING COMMUNICABLE AND CONTAGIOUS DISEASES (CEC, 1991)

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

Recent public awareness of chronic infectious diseases such as those with hepatitis B-virus, cytomegalovirus, herpes simplex virus, and human immunodeficiency virus have raised concerns, necessitating the reassessment or at least clarification of school policies and procedures. The Council believes that having a chronic infection does not in itself result in a need for special education. Further, The Council believes that schools and public health agencies should assure that any such infectious and communicable disease policies and procedures:

a. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.

b. Provide that determination or a non-temporary alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents, and appropriate educational personnel.

c. Provide that decisions involving exceptional children's non-temporary alterations of educational placements or services constitute a change in the child's Individualized Education Program and should thus follow the procedures and protections required.

d. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

e. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

f. Provide students with appropriate education about infectious diseases and hygienic measures to prevent the spread of such diseases.

g. Provide, where appropriate, infected children with education about the additional control measures that they can practice to prevent the transmission of the disease agent.

h. Enable educational personnel who are medically at high risk to work in environments which minimize such risk.

i. Provide educational personnel with adequate protection for such personnel and their families if they are exposed to such diseases through their employment.

The Council believes that special education personnel preparation programs should

a. Educate students about infectious diseases and appropriate methods for their management.

b. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council believes that the manner in which policies for managing infectious (communicable and contagious) diseases are developed and disseminated is important to their effective implementation. Therefore the following must be considered integral to any such process:

a. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial, and local levels, reflecting state, provincial and local educational, health and legal requirements.

b. That provision is made for frequent review and revision to reflect the ever-increasing knowledge being produced through research, case reports, and experience.

c. That policies developed be based on reliable identified sources of information and scientific principles endorsed by the medical and educational professions.

d. That policies be understandable to a variety of consumers including students, professionals, and the public.

e. That policy development and dissemination be a continual process and disassociated from pressures associated with precipitating events.

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RESOLUTION ON AIDS — INFORMATION AND DISSEMINATION (PTA, 1986)

Whereas, one object of the PTA is "to promote the welfare of children and youth in the home, school, community and place of worship;" and

Whereas, the AIDS epidemic has rapidly become one of the most complex public health problems in our nation's history, affecting both adults and children of all ages; and

Whereas, without education about how HIV is transmitted, the infection will spread at an alarming rate; therefore be it

Resolved, that the National PTA make available to its constituent bodies information on acquired immunodeficiency syndrome from medically related organizations such as the Centers for Disease Control, the American Academy of Pediatrics, and the U.S. Public Health Service of the U.S. Department of Health and Human Services; and be it further

Resolved, that the National PTA encourage its states, districts or regions, councils, and units, in cooperation with said medical groups and representatives of state departments of health and education, to conduct workshops and disseminate information on the disease's nature, transmission, and legal, social and emotional consequences, so that parents, students, educators, and the general public may be more knowledgeable as they encourage and consider state and local district policies addressing this issue; and be it further

Resolved, that the National PTA urge its constituent bodies to encourage health officials to support continued testing of supplies of blood in all blood banks prior to use, so that recipients of blood are not infected with HIV.

Whereas, 183 of the reported cases of acquired immunodeficiency syndrome (AIDS) were among children under the age of 18, as of August 1985; and

Whereas, none of the identified cases of HIV infection in the United States is known to have been transmitted in the school, day care or foster care setting; and

Whereas, the Centers for Disease Control, in consultation with several health associations as well as the National Association of Elementary School Principals and the Board of Directors of the National Congress of Parents and Teachers, released the following statement in August, 1985, "These children should be allowed to attend school and after-school day care and can be placed in foster homes in an unrestricted setting;" therefore be it

Resolved, that the National Congress of Parents and Teachers believes that in the case of diagnosed acquired immunodeficiency syndrome, the child's physician, public health officials, the parents or guardians of that child, and the appropriate school personnel should be responsible for determining the most suitable placement for that public school child; and be it further

Resolved, that the National Congress of Parents and Teachers discourage social displays that would seek to segregate, persecute or ban children with AIDS from school.

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A5—1

APPENDIX A5
WORKSHEET
HIV Infectious Disease Policy Subcommittee

HIV Infectious Disease Policy Development

Goal: To adopt effective HIV infectious disease policies

Objectives:

- To develop or improve guidelines for managing HIV infection in the schools
- To involve school personnel, experts, and diverse representatives of the community in policy development
- To establish procedures for updating infectious disease policy
- To communicate policy decisions to school and community
- Other: ____________________
- Other: ____________________

HIV Infectious Disease Policy Subcommittee

Subcommittee members	Consultants

Which resource materials will the subcommittee use?

____

____

____

A5—2

By whom, how, and when will the subcommittee be educated about HIV and AIDS and their impact upon school staff, students, and community needs?

By whom: ____________ How: ____________ When: ____________

By whom: ____________ How: ____________ When: ____________

What issues does the school board need to consider about school staff members or students who may be infected with HIV?

Infectious disease policy for students ____________________________

Infectious disease policy for school personnel ____________________________

What steps are the subcommittee and the school board taking to ensure open discussion and feedback before decisions are made?

How will the school board communicate policy decisions?

To staff: ____________________________

To parents/community: ____________________________

How will the subcommittee and the school board work with the media?

What problems does the subcommittee foresee? ____________________________

A5—3

How will the school board respond upon learning that a staff member or student has HIV, has AIDS, or has died from AIDS?

____

____

____

How frequently will the school board receive progress reports on our work?

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

When will the subcommittee and the school board review and reevaluate the HIV infectious disease policy?

____

____

____

Schools Face the Challenge of AIDS, Education Development Center, Inc., Stu Cohen, Eva Marx, Doryn Davis Chervin, 1990

Universal Precautions

EXPLANATION

Diseases that are caused by germs are called infectious diseases. A person becomes infected when the germ gains access to the body in such a way that the germ can reach a vulnerable tissue. With respect to Acquired Immunodeficiency Syndrome (AIDS), the vulnerable tissue is chiefly white blood cells called T cells. The AIDS virus gains access to the T cell by entering a person's blood stream.

Universal precautions are procedures to protect a person from becoming infected with germs (i.e., microorganisms such as bacteria and viruses that can cause disease). The term *universal* means all body fluids that might contain germs are treated with caution even if one does not know for sure that the germs are present. Sometimes a person can have an infection without outward signs; therefore, it is wise to be careful whether or not a person actually looks ill.

With respect to the virus that causes AIDS, the human immunodeficiency virus (HIV), the body fluid of greatest concern in the school environment is blood. It is important to prevent blood-to-blood contact. Simple measures are adequate to assure this. In the home, school, or workplace the primary concern is to manage clean up by using gloves. For example, if a child has a nose bleed, the use of universal precautions would mean the adult caring for the child would wear plastic gloves while applying pressure to stop the nose bleed and would wear either plastic or rubber gloves while cleaning up the blood. Disposable towels may be used for the clean up. The area that had the blood on it should be disinfected with bleach solution (one part bleach to 10 parts water) or other disinfection agent. The clean up materials should be disposed of in plastic bags. Plastic gloves are disposed of in the same manner. Rubber gloves can be washed and reused as long as there are no holes or cracks in them. Correct procedure necessitates clean up and disposal while wearing the gloves. The last thing placed in the plastic disposal bags are the gloves worn during clean up. The final step is to wash the hands thoroughly in hot water with soap.

SPILL DRILLS

It is very important for children of all ages to understand that blood may be dangerous because it may carry disease agents. Just as one does not wait for a fire to help children know how to be safe in the event of fire, it would be advantageous to have a drill to inform youngsters about correct procedure in the event of a bleeding injury. All teachers are expected to practice universal precautions in dealing with such injuries. By having a "spill drill," the teacher can explain that universal precautions are used to help everyone be safe from diseases that might be carried in the blood, and because germs are so small we cannot tell if they are present. Therefore, we are always careful to be on the safe side. Young children should step back from the area of a spill, and if no adult is present, one child should go for assistance. The adult can then model the correct use of gloves, other items that prevent contamination, correct disposal of these protective aids, and hand washing after this is completed. For older children added comments about first aid procedures might be made.

CASUAL CONTACT

Often time people are confused about the apparent contradiction between insistence on universal precautions when we also insist that causal contact is not a concern in transmission of the HIV. The phrase casual contact means virtually any kind of contact with another person except sexual intercourse or exchange of blood. Centers for Disease Control (CDC) very early in the AIDS epidemic established household contact studies to learn if everyday living environments would put someone at risk of HIV infection. The results show clearly that unless house mates had sex with or shared needles with or were born of infected persons, they were not risking transmission of the virus, as judged by their HIV antibody test reactions. Approximately 500 subjects participated in these early studies which were reported in the *New England Journal of Medicine* 317:1125, 1987.

Guidelines for Handling Blood and Other Body Fluids in Schools

- **Wear disposable, waterproof gloves**
- **Dispose of the gloves used in a plastic bag or lined trash can, secured and dispose of daily**
- **Wash hands for 10 seconds with soap and warm running water after disposing of used gloves.**
- **If gloves are not available, wash your hands and other affected skin for 10 seconds with soap and warm running water after direct contact has ended. (Wiping a runny nose does not pose a risk for HIV transmission.)**
- **Handle contaminated disposable items (tissues, paper towels, and diapers, for example) with gloves and dispose of these items in the same manner as used gloves.**
- **Handwashing:**
  soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Rinse hands under running water and dry thoroughly with paper towels or a blow dryer.
- **Disinfectants:**
  99 parts water to one part household bleach (1/4 cup bleach to one gallon of water) or EPA-registered germicide will destroy HIV, and should be used to clean all body fluid spills.
- **Disinfecting hard surfaces and equipment:**
  after removing the soil, apply germicide (bleach/water solution) to the equipment used. Soak mops in this solution after use and rinse thoroughly with warm water. Nondisposable cleaning equipment such as dustpans and buckets should be rinsed in germicide solution.
- **Laundry instructions for soiled clothing:**
  launder clothes with soap and water to eliminate infectious agents. The addition of bleach will further reduce number of potential infectious agents. Pre-soaking may be required for heavily soiled clothing.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT: PEDIATRIC GUIDELINES FOR INFECTION CONTROL OF HIV (AIDS VIRUS) IN SCHOOLS AND OTHER SETTINGS* — PARTS I & II

AIDS, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV), has been diagnosed in more than 900 children under 13 years (May 1988) throughout the United States, 77% of whom have been infected in utero or perinatally secondary to maternal infection. Risk factors for maternal infection include intravenous drug abuse or sexual contact with partners who are intravenous drug abusers or bisexual. The remainder of children, including a high proportion of hemophiliacs, have been infected through blood or clotting factor infusion in the period between 1979 and 1985. In addition, adolescents have acquired infection through sexual activity and intravenous drug use, as well as transfusion of contaminated blood or blood factors.

The criteria for diagnosis of AIDS in children differ in some ways from those for adults, and the most recently published diagnostic criteria (September 1987) include the expanded spectrum of disease, such as recurrent bacterial infections and encephalopathy, as well as including children with presumptive diagnosis of AIDS-associated diseases such as lymphoid interstitial pneumonitis. There is no accurate estimate of the numbers of infected asymptomatic children or of infected children with milder symptoms that do not meet the criteria for the diagnosis of AIDS. Although most cases of pediatric HIV infection have been identified in New York City, Newark, Miami, and Los Angeles, cases are appearing in other locations. Thus HIV infection in childhood is becoming more widespread, but in many states it is still quite rare.

Since the cause of AIDS is a virus transmissible from human to human, pediatric health care workers must adjust infection control guidelines to meet this new threat. However, in formulating these guidelines, physicians must constantly bear in mind that HIV is not highly contagious, and that transmission ordinarily requires repeated sexual contact or intravenous inoculation. In fact, prospective studies suggest that the risk of HIV acquisition by accidental needlestick with contaminated needles is under 1 %, and the risk from other types of nonsexual ("casual") exposure appears to be considerably smaller. Despite the tens of thousands of exposures of health care workers to blood and body fluids, only five infections acquired by contamination of skin or mucous membranes have been reported. Thus, the guidelines below are suggested as reasonable ways in which to meet the threat of HIV transmission in pediatric health care settings, taking into account both the potential devastating effect of infection and the rarity of its occurrence. Detailed recommendations not specifically directed at pediatrics have recently been published by the Centers for Disease Control and cover certain matters not considered here, such as serologic testing, handling of laundry, etc. In this document, the CDC recommends universal precautions for blood and body fluids of all patients whether known to be HIV seropositive or of unknown HIV status. The [American Academy of Pediatrics] AAP Task Force does not believe that universal precautions can be recommended for children without taking into account the regional prevalence of infection rate in children and the distinction between the transmission capabilities of blood-contaminated and blood-free body fluid.

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* Copyrighted material reprinted with permission from: *American Academy of Pediatrics*. AAP News, July 1988:8-10. Guidelines approved by the AAP, June 1988. See AAP News, July 1988, for complete references.

Basic Premises

The guidelines that follow are based on the following facts and assumptions:

1. Human immunodeficiency virus (HIV) has been isolated from blood (including lymphocytes, macrophages, and plasma); other internal body fluids such as cerebrospinal fluid and pleural fluid; and human milk, semen, cervical secretions, saliva and urine. Epidemiologically, only blood, semen, cervical secretions, and (rarely) human milk have been implicated as the means of transmission of the virus from one person to another. HIV has been documented to be transmitted from an infected person to a person who was not infected by three routes: sexual intercourse (either heterosexual or male homosexual), parenteral inoculation of blood (most often among drug users who share syringes and needles for injection), and congenital or perinatal transmission from a woman to her fetus or newborn.

2. Whereas body fluids such as tears, saliva, urine, and stool may contain HIV in low concentration, there is no evidence that transmission has occurred by contamination with these fluids. No studies in the literature or cases reported to the Centers for Disease Control suggest transmission of HIV by urine, feces, saliva, tears, or sweat. Similarly no studies or reports have suggested transmission of HIV in school or day care settings or during contact sports such as football, boxing, or wrestling.

3. The risk of HIV infection to health care workers, including physicians and nurses, who are taking care of persons who have AIDS or are infected with HIV is extremely low. The number of AIDS cases reported in health workers is proportional to the number of adults employed in health care settings, and 95% of these persons give a history of a specific risk of infection unrelated to their employment. Six prospective studies have evaluated 2,421 health care workers who have been exposed one or more times to blood or other potentially infectious body fluids of persons with AIDS or HIV infection. Most of these workers were exposed to blood from an infected person, and most had sustained a needle-stick injury. Only four workers are known to have seroconverted to HIV, all following a needlestick injury, and one worker was found to be seropositive 10 months after exposure to any secretions or excretions from an infected patient. A study in dentists has found a similarly low rate of HIV infection.

   Overall, the risk of HIV infection after direct exposure by needlestick to blood from an infected person is less than 1%. The risk from the other types of exposures, including exposure of nonintact skin or mucous membranes, appears to be much lower. Much of the concern about the risk of infection in the health care setting has arisen from nonprospective case reports of infection after exposure of skin or mucous membranes. In addition to the cases reported in the prospective studies, six health care workers and one research laboratory worker (who was cut while working with concentrated virus) from the U.S. and four from other countries have been reported to have seroconverted after parenteral exposure. Five other health care workers and one research laboratory worker who have not reported other risks for infection have been found infected, although seroconversion proximate to a specific injury or exposure was not documented. Three of these health care workers apparently became infected after contact with blood from an infected patient onto nonintact skin (dermatitis, abrasion, etc.)

Two of the health care workers who became infected were providing nursing or home health care without following recommended precautions. One was a mother who was assisting with care for her child who had unknowingly been infected with HIV through a blood transmission. The mother had extensive contact with the child's blood, secretions, and excretions during a lengthy hospitalization of the child, but did not wear gloves and often did not wash her hands immediately after exposure.

4. Studies of household contacts of AIDS patients have failed to document infection except for those with known risk factors suggesting that the route of transmission was sexual or perinatal, not "casual contact." HIV was transmitted from an infected person only by sexual contact or sharing of equipment for injection of drugs. HIV was not transmitted by close household or family contact, even by the sharing of personal items such as razors, toothbrushes, towels, clothes, eating utensils, and drinking glasses or of bedroom, bathroom, and kitchen facilities. Family members helped the infected person bathe, dress, and eat, and interacted with kisses on the lips. One of the studies included the family members of 35 children (mostly infants) infected through transfusion, and another included 125 infants or children less than four years of age who had both clinical and serologic evidence of HIV infection. In the former study, 31 siblings lived with the infected children, and in the latter study 90 children (age range not stated) lived in the families with infected adults and children; none of these children became infected even though they shared items, slept in the same beds, and participated normally in family activities and interactions, including hugging and kissing.

   One case report, however, does indicate that transmission within a household setting might occur, although the means of transmission from a young boy (infected at about 18 months of age by transfusion) to his brother who was approximately four years old is not known. The report does cite one instance in which the younger brother bit the older, but the skin of the older boy was unbroken and it is not clear that his act resulted in the transmission.

   Other reports definitely indicate that biting did not transmit HIV from an infected biter to the person bitten. In one of the reports, 30 health care workers were bitten and/or scratched by a neurologically impaired adult, the injuries often resulting in puncture wounds of the skin. One report, however, suggests transmission of HIV by a bite from an infected woman to her sister; the bite occurred shortly after the infected woman had been hit in the mouth, and her mouth was actively bleeding when she bit her sister. In this instance, the transmission more likely occurred from blood than from saliva.

5. Serologic screening for HIV infection of all children who come for medical care is not currently justified for the following reasons: it would not detect all infected infants (some may be antibody-negative owing to failure to mount an antibody response), it would result in many false-positive tests, it would only be retrospective in situations where urgent medical care had already been given, and it would involve extraordinary costs.

6. Given the above, and considering that children who are asymptomatically infected or who are ill but not yet diagnosed as having HIV infection may, nevertheless, carry infectious virus in their blood, it is preferable to treat all children in high prevalence areas as potentially carrying infections communicable by blood or blood contaminated body fluids. Such a policy would also reduce the transmission of other more common contagious body fluids. Such a policy would also reduce the transmission of other more common contagious diseases, such as hepatitis B. However, this recommendation should be tempered by local conditions and community decisions about the acceptable level of risk. In many large urban areas, infection rates are already high enough to convince most physicians that these

precautions should be taken. Hospitals in other areas should undertake periodic anonymous serosurveys in order to decide when to undertake the recommendations below. The serosurveys could be done on random populations of hospitalized children, on cord bloods of newborns (which reflect the serology of adult women), on specimens from women seeking prenatal care, or on adolescents. These surveys should be conducted in consultation with local health departments or the Centers for Disease Control. Another index that could be used to generate acceptance of precautions is simply the confirmation of indigenous perinatal HIV infection in a particular area. In any case, the decision to consider an area "high prevalence" must be a local decision.

Body fluids and procedures for which gloves are recommended:

Blood
Wound treatment
Blood-contaminated fluids

Body fluids# and procedures for which only handwashing is recommended:

Urine
Vomitus
Tears
Oral secretions
Stool
Diaper changing
Nasal secretions

# Body fluids that are not contaminated with blood

Infection Control Requirements for Exposure to Blood and Other Body Fluids
Table 1

Guidelines For Infection Control in Schools in High-Prevalence Areas

1. HIV infected children who are old enough to attend school can be admitted freely to all activities, to the extent that their own health permits. The child's physician should have access to consultative expertise to assist in decision making.

2. Thus all infected children will not necessary be known to school officials in high-prevalence areas, and because blood is a potential source of contagion, policies and procedures should be developed in advance to handle instances of bleeding. Such policies and procedures should be based upon the understanding that even within an area of high prevalence, the risk of HIV infection resulting from a single cutaneous exposure to blood from a school-aged child or adolescent with unknown serologic status is minute. Considering such minimal risk, the only mandatory precautionary action should be washing exposed skin with soap and water. Lacerations and other bleeding lesions should be managed in a manner which minimizes direct contact of the caregiver with blood. Schools in high-

prevalence areas should provide access to gloves so that individuals who would wish to further reduce a minute risk may opt for their use. Under no circumstance should the urgent care of a bleeding child be delayed because gloves are not immediately available.

Guidelines For Infection Control In Day-Care Centers

Studies continue to show lack of transmission from HIV-infected individuals by nonsexual contact, even under conditions of intimacy, such as those that occur among children in day-care. Recommendations concerning placement of infected children in foster homes will be made in a separate document. In this document, we make the following recommendations relative to the admission of infected children to day-care centers, which supersede a prior recommendation from the Committee on Infectious Diseases:

1. HIV-infected children should be admitted to day care if their health, neurological development, behavior, and immune status are appropriate. The decision as to whether a child with known HIV infection may attend day care or be placed in foster care should be made on an individual case-by-case basis. This decision is best made by qualified persons, including the child's physician, who are able to evaluate a) whether the child will receive optimal care in the setting under consideration, and b) whether an infected child poses a potential threat to others. Most infected children who persistently bite others or who have oozing skin lesions may theoretically transmit the virus, although such has not been conclusively demonstrated (see "Basic Premises" above—Part I). Medical evaluation should be ongoing, to evaluate changes in the child's health.

2. If the child's personal physician is uncertain as to the efficacy or safety of placement within a school or group setting, consultation should be sought through individuals or groups with particular expertise regarding HIV infection and AIDS. States, municipalities, and professional groups should make available such expert help.

3. Screening of children seeking entrance to day care for the presence of HIV antibody is not warranted or recommended. First, the risk of HIV transmission in the day care setting is only hypothetical at present. Second, in populations of young children in which the prevalence of HIV infection is low, screening will likely result in a greater number of false-positive results than correctly identified infected individuals. Those with false-positive results will experience a great deal of unnecessary anxiety as well as the expense of medical evaluation.

4. Parents of children in the day care center have no "right" to information regarding HIV status of other children. Information regarding a child who has immunodeficiency, whatever its etiology, should be available to those caretakers who need to know (particularly the child's physician) in order to protect the child against other infections. This need to know, however, does not require knowledge of HIV status.

5. Where available, day care centers specific to the needs of children who are infected with HIV may represent an acceptable alternative placement, particularly to provide a supportive environment for the children, but these centers are not necessary for reasons of infection control. This alternative should not be used to isolate or segregate infected children.

6. Some children may be unknowingly infected with HIV or other infectious agents, such as hepatitis B virus; these agents may be present in blood or body fluids. Thus, responsible individuals in all day are and foster care settings in high-prevalence areas, and individuals in any day care center in which there is a known infected child, should adopt precautions for blood spills from all children as described in the "Guidelines for Schools" above. All child care personnel and educators should be informed about these procedures. For example, soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (a 1:10 to 1:100 dilution of bleach water prepared daily). Disposable towels or tissues should be used whenever possible and properly discarded; and mops should be rinsed in the disinfectant. Cleaning personnel should avoid the risk of having their mucous membranes or any open skin lesions exposed to blood or blood-contaminated body fluids (by using disposable gloves, for example).

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* The decision to consider an area "high-prevalence" must be a local decision.
AAP Policy Statement on Health Guidelines for the Attendance in Day Care and Foster Care Settings of Children Infected with HIV. Pediatrics, 1987; 79:466-71.

Prevention of Infectious Disease Through Handwashing and Diapering Techniques and Management of Carriers of Infectious Disease

Section I—3.0

I. Personnel

Section I—3.1

A. School nurse

B. Designated school personnel under indirect supervision

Designated school personnel includes all school personnel and volunteers who may have direct contact with the students and contaminated clothing, equipment, supplies, and surfaces of floors, walls, counters, and other items.

II. General Information

Section I—3.2

A. The transmission of infectious diseases may be prevented by using medically accepted procedures for handwashing, diapering, and classroom cleanliness. Blood and body fluid precautions should be consistently used for all students regardless of suspected or known carrier status. Teaching and supervision of staff performing these preventive measures for the control of infectious diseases is an independent school nursing function and does not require a physician's authorization.

1. Carrier means a person who is infected with some pathogenic organism which evokes no outward manifestation of the disease but which, when transferred to another, may produce the onset of the specific infection. An example of a disease of particular concern is hepatitis B. (See the appendix for information regarding this disease.)
2. Transmission of infectious agent means any mechanism by which a susceptible human host is exposed to an infectious agent:
   a. Direct transmission means immediate transfer which takes place as a result of touching, kissing, or close, intimate contact, or the direct projection of droplet spray onto the conjunctivae or mucous membranes during sneezing, coughing, spitting, singing, or talking (usually not possible over a distance of more than three feet).
   b. Indirect transmission means delayed transfer which occurs when the intermediate object carries the virus to a suitable portal of entry (mucous membranes, break in skin, digestive tract). Intermediate objects may be toys, clothing, cooking or eating utensils, water, food, and milk or air contaminated by microorganisms.

B. Transmission of infectious diseases may occur more readily in preschools and special centers for severely handicapped children than in regular classrooms because of the close personal contact required for care.

C. Preventing the spread of infection requires that specific personal and environmental cleanliness techniques similar to those used in licensed health facilities must be practiced at all times.

D. Specific personal and environmental cleanliness techniques should be followed in centers for the severely handicapped, whether or not there are known carriers.

E. Prior to the enrollment of a state school resident, the state school authorities shall furnish the local school district with a medical status report on each child who will be served during the school day. The medical status report will include: medical diagnosis, pertinent medical history, specialized health care services required, current and complete immunization records, results of vision and hearing screenings within the past two years, and the hepatitis B status of the student. A hepatitis B baseline status report ideally should be current within six months of entry into school. A second test should be done within six months of entry into the public school. If the student's medical records indicate recent hepatitis B serology results and the hepatitis B surface antigen (HBsAg) remains positive on two separate occasions at least six months apart, then the attending physician may decide to repeat these tests on an annual basis to accurately evaluate the student's hepatitis B carrier status. All test results for hepatitis B should be included in the student's school health records.

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Prior to the enrollment of a known carrier or the continued attendance of a carrier in the regular or special classrooom, the school nurse shall develop procedures appropriate to the student's age and stage of development and for the specific disease (see appendix for description of specific diseases). The nurse should carry out the following procedures:

1. Conduct a health and developmental assessment, including a review of the known carrier's medical records. Collaborate with parents and physician to ensure that the carrier's records are complete.
2. Identify through a health history and laboratory tests those students who are carriers, exhibit aggressive behavior, or require specialized health care procedures.
3. Identify appropriate personal and environmental cleanliness techniques in accordance with student and staff needs.
4. If the regular program cannot be modified and the student is identified as an eligible handicapped student by the ARD committee, write appropriate objectives for the student's Individual Education Plan (IEP).
5. Orient and train all staff members, including custodians, substitute teachers, volunteers, and bus drivers who will be in direct contact with the carrier. Orientation and training must be ongoing and must include new personnel.
6. Verify the school district's efforts to prevent the spread of infection and to protect the health of employees and students by documenting the training and supervision of employees and by monitoring administration of biologics if necessary.

G. Each facility that has a known or suspected carrier in attendance must make provision for personal and enviromental cleanliness:

1. Provide ready access to handwashing facilities for each classroom.
2. Provide disposable paper towels. If cloth towels are used, discard them with other contaminated linens after each use.
3. Maintain storage areas for clean clothing, linens, utensils, equipment, and disposable items. These areas must be separate from areas used for storage of soiled items.
4. Keep soiled disposable items in covered waste receptacles double-lined with disposable plastic bags. At the end of each day, the plastic bags are to be sealed and discarded. DO NOT REUSE.
5. Keep soiled cloth diapers separate from soiled linens in covered waste receptacles double-lined with disposable plastic bags. Since infection can be spread through damp porous material, cloth laundry bags should not be used.
6. Keep linens belonging to the school separate from those belonging to individual students.
7. If diapers are washed at school, wash in hot, soapy water separately from the other linens.
8. Provide custodial staff with a cleaning schedule (see Appendix A).

H. Handwashing is the single most important technique for preventing the spread of disease and should be done frequently. Wash hands with soap and running water:

1. before putting on smock (or large blouse or shirt to cover street clothes) in preparation for working with the students
2. before drinking, eating, or smoking
3. before handling clean utensils or equipment
4. before and after handling student's food
5. before and after assisting or training the student in toileting and feeding
6. before and after going to the bathroom
7. after contact with body secretions, such as blood (including menstrual), urine, feces, mucus, saliva, or drainage from wounds
8. after handling soiled diapers, menstrual pads, garments, or equipment
9. after caring for any student, especially those with nose, mouth, or ear discharges
10. after removing disposable gloves
11. after removing smock or shirt when leaving the work area

I. All staff members should practice specific hygienic principles designed to protect themselves and others from infection. Staff members should:

1. maintain optimum health through effective daily health practices, such as adequate nutrition, rest, exercise, and appropriate medical supervision
2. avoid rubbing or touching eyes, lips, mouth, and nose
3. wash hands frequently
4. remove jewelry, such as rings, dangling bracelets, and earrings during working hours
5. use one's own personal care items, such as combs, fingernail files, nail clippers, lipsticks and toothbrushes
6. keep fingernails clean and trimmed short
7. refrain from kissing students
8. refrain from putting hands or fingers in student mouth

III. Guidelines for Handwashing

Section I-3.3

A. Purpose
to reduce the number of micro-organisms on the hands

B. Equipment

1. liquid soap in dispenser (preferred to bar soap)
2. paper towels (preferred to cloth towels)
3. hand lotion in a dispenser
4. covered waste receptacle with disposable plastic liners

C. Protocol for handwashing

Essential steps	Key points and precautions
1. Remove all jewelry.	1. Jewelry should not be worn when working with students who require repeated physical contact and care. Micro-organisms can become lodged in settings or stones of rings.
2. Wet hands with warm, running water.	2. Warm water, combined with soap, makes better suds than cold water. Hot water removes protective oils and will dry skin. Running water is necessary to carry away dirt and debris.
3. Apply liquid soap and lather well.	3. Liquid soap is preferred to bar soap. Bacteria may grow on bar soap or in soap dishes.
4. Wash hands, using a circular motion and friction for 15 to 30 seconds.	4. Include front and back surface of hands, between fingers and knuckles, around nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
5. Rinse hands well under warm, running water.	5. Hold hands under the water so that water drains from wrist area to fingertip.
6. Repeat Steps 3 through 5.	6. All remaining bacteria and soil should now be removed.
7. Wipe surfaces surrounding sink with clean paper towel and discard the towel.	7. Damp surfaces promote the growth of bacteria.
8. Dry hands well with paper towels and discard towels immediately.	8. Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter one's system.
9. Apply lotion as desired.	9. Lotion helps keep skin soft and reduces chapping.

IV. Guidelines for Diapering Section I–3.4

A. Purpose
to avoid cross-contamination when diapering

B. Equipment
1. changing table
2. supplies (soap, water, cotton balls or soft tissue) for cleaning the student's skin
3. plastic bags for student's soiled clothing
4. covered waste receptacle lined with disposable plastic bags for disposable diapers
5. covered receptacle lined with disposable plastic bags for soiled cloth diapers
6. plastic bag ties or masking tape for sealing disposable plastic bags (marked "contaminated") at time of discard
7. disposable plastic gloves (medium or large size, nonsterile)
8. disinfectant for cleaning changing table (see Appendix A)

C. Protocol for diapering
1. Facilities and equipment
    a. Diaper-changing area must be physically separate from food preparation and serving areas. Foodhandlers should not change diapers.
    b. For diaper-changing surface guidelines, see *essential steps* below.
    c. For handwashing sink guidelines, see *essential steps* below.
2. Supplies
    a. cleaning materials
    b. diapers
    c. skin-care items
3. Trash disposal
    a. Trash cans should be equipped with lids that close properly and tightly.
    b. Cans should be double-lined with thick plastic trash bags. Dispose of both bags if the inner bag has been broken.
    c. Trash cans should be located in the restrooms, the diaper-changing area, and wherever single-use, disposable items are used.
    d. Flush solid matter from cloth diapers down the toilet.
4. Report any unusual condition of the student's skin or stool (rash, diarrhea, etc.) to both the school nurse and the student's parents. A log of these conditions should be maintained.

Essential steps	Key points and precautions
1. Surface should be flat and covered with a protective, moisture resistant material that is easily cleaned between uses.	
2. The student's safety should be considered when choosing a table for diaper changing to ensure that falls will not occur.	Students should not be left unsupervised while on the table.
3. The surface should be high enough to be beyond a student's reach. The height should be at least three feet.	
4. Storage areas for disinfectants and diapering items (powders, pins, towelettes, etc.) should also be beyond the reach of students.	

Guidelines for Diapering, continued

Essential steps	Key points and precautions
5. A sink with hot and cold running water should be readily available, preferably in the same room as the diaper-changing table.	All staff involved with diaper changing must wash their hands thoroughly with soap and water after changing each child. Students should be encouraged to wash their hands after using the toilet.
6. Sinks should be equipped with soap, preferably liquid, and single-use disposable towels.	Bar soap may harbor bacteria.
7. Single-use disposable towels should be available in the diaper-changing area.	
8. After each diaper change, the diaper-changing table should be cleaned with a sanitizing solution (¼-½ cup of household chlorine bleach per gallon of water). This solution should be prepared daily and dispensed from plastic spray bottles. Label and store these away from students.	Keep all cleaning materials out of students' reach.
9. A second plastic spray bottle of water may be used to rinse off surfaces after sanitizing with the bleach solution.	
10. Sponges, cloth towels, etc. used in the diaper-changing area should be restricted for use in that area only. They should be laundered in hot, soapy water daily.	
11. The school should have a supply of disposable gloves for use when fecal soiling of the attendant's hands is possible.	Dispose of gloves after use. Wash hands after removing gloves.
12. Dispose of gloves immediately after use.	
13. Disposable diapers should be used whenever possible. Encourage parents to provide disposable diapers while the student attends school.	
14. Clean diapers should be stored separately to prevent contact with soiled diapers.	
15. Skin-care products should be used only if parents specifically request them.	
16. Skin-care items, such as lotions, powders, and petroleum jelly, should be provided by parents and labeled for their child's sole use.	It is important to prevent cross-contamination of skin-care items, especially where ointments and petroleum jelly are concerned as these must be dispensed and applied by direct hand contact.

V. Guidelines for Classroom Cleanliness

Section I—3.5

A. Purpose
to prevent transmission of infectious disease

B. Equipment
1. smock (large blouse or shirt to cover street clothes)
2. covered waste receptacles with disposable plastic bags
3. plastic bags that can be labeled and sealed for individual's soiled laundry
4. disposable plastic gloves (medium or large size, nonsterile)
5. disinfectant
6. liquid soap and dispenser
7. washer and dryer (if disposable linens are not available)
8. dishwasher (if possible and disposable eating utensils are not available)

C. Protocol for classroom cleanliness

Essential steps	Key points and precautions
1. Wash hands.	See Guidelines for Handwashing.
2. Wear a smock.	Smocks should be laundered in the facility's washer and dryer, if available, so that possible contaminated clothing is not brought into the home environment.
a. Use a clean smock each day.	
b. Always hang the smock right side out when leaving the work area for breaks and lunch.	This ensures that the side of the smock worn next to your clothing will remain clean.
3. If there are open cuts, abrasions, or weeping lesions on the employee's hands, wear disposable plastic gloves when having direct contact with a carrier.	Open skin areas provide entry points for infection.
a. Use a new pair of gloves in each situation in which handwashing is indicated. Dispose of gloves immediately after use.	See Guidelines for Handwashing.
b. Discard used gloves in plastic bag in covered waste receptacle.	
4. Store and handle clean clothing and linens separately from soiled clothing and linens.	When clothing and linens have been moved from the clean storage area, they are considered to be soiled.
a. Immediately place each student's soiled clothing linens in an individually labeled plastic bag which is to be sealed and sent home at the end of each day.	Because students may be undiagnosed carriers of infectious disease, all soiled articles should be treated as if they were contaminated.
b. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.	
5. Use specific techniques for handling food and utensils during preparation, serving, storage, and cleanup:	
a. Maintain a clean area of the kitchen for serving food.	Food, clean dishes, and utensils should be stored in a "clean" storage area.
b. Maintain a separate area of the kitchen for cleanup.	Because students may be undiagnosed carriers of infectious disease, all leftover food, dishes, and utensils should be treated as if they were contamined.
c. Scrape food from soiled dishes and/or place disposable dishes in plastic-lined, covered waste receptacle.	
d. Pour liquids into sink drain.	
e. Rinse dishes and utensils with warm water before placing them in the dishwasher.	Prerinsing of dishes removes food particles that might remain if the dishes were placed directly in the dishwasher.
f. Clean sinks, countertops, tables, chairs, trays, and any other area where foods or liquids have been discarded or spilled; use approved disinfectant. (See Appendix A.)	
g. Wash hands prior to removing clean dishes from the	

Guidelines for Classroom Cleanliness, continued

Essential steps	Key points and precautions
6. Use specific housekeeping techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.	
a. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.	
b. Store each student's personal grooming items (combs, brushes, toothbrushes) separately.	For toothbrushes to be thoroughly air-dried after each use, they must be stored in separate holders labeled by client name that allow direct air contact.
c. In handling disposable diapers, at least once a day, seal and discard the inner disposable plastic bag used to line the covered receptacle. Double-bag any plastic bag that has become broken.	
d. Store and wash cloth diapers separately from other linens. At least once a day, seal and discard the soiled outer plastic bag used to line the covered waste receptacle.	
7. Use an appropriate disinfectant for all cleaning procedures. (See Appendix A.)	
a. Clean protective floor pads, bolsters, wedges, and so forth after each nonambulatory student has been removed and at the end of each day.	
b. Clean all equipment and toys at the end of each day.	Toys and equipment that cannot be readily disinfected should not be used, or should be provided for the exclusive use of individual students.
c. If a rug or carpet becomes soiled, clean it immediately.	Leave disinfectant on soiled area for the prescribed time before rinsing with clear water. Since wet disinfectant may cause contact dermatitis, staff and students should avoid the area until it is rinsed and dry.
d. Clean changing tables, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.	Rinsing and drying are essential to prevent contact with wet disinfectant which may cause dermatitis.

ppendix A

Cleaning Schedule and Selection of Disinfectants

Special Instructions
If reusable gloves are worn when a disinfectant is being used, they must be washed and air-dried after each use. They must be stored in the room of use in the areas reserved for soiled articles. Disposable gloves may be preferable.

Disinfectants must be selected and used in accordance with the information in this appendix.

If bleach solution is used, it must be mixed daily, and doors must be open for air circulation. A good, general working solution uses ¼-½ cup household bleach per gallon of water.

Clean the following areas and items daily:
Classrooms, bathrooms, and kitchen
Floors
Sinks and faucet handles
Cabinet drawer handles
rknobs

Clean the following bathroom areas and fixtures daily:
Walls behind sinks
Toilets
Portable potty (After disinfecting, rinse with clear water and wipe dry.)

Vacuum carpets daily. (If rug or carpet is soiled, it should be disinfected immediately.)

Clean waste receptacles monthly.

Steam-clean carpets quarterly.

Selecting Disinfectants

Selecting Disinfectants
No single agent should be used for both handwashing and environmental disinfection because no single agent has been manufactured for the intended use of both environmental disinfection and germicidal handwashing. Many different chemical disinfectants and germicidal handwashing solutions are available commercially, and the selection of a single product is not an easy task. Such factors as cost, availability of vendors geographically, and the ease of use must be considered. Any chemical disinfectant, detergent, or germicidal handwashing product that is suitable and safe for hospital use and is registered by the U.S. Environmental Protection Agency (EPA) is suitable for use in a school setting.

A. Selection of an environmental disinfectant

1. Select an agent that is registered by the EPA for use as a disinfectant in medical facilities and hospitals.
2. Select an agent that belongs to one of the following classes of disinfectants:
    a. Ethyl or isopropyl alcohol (70-90 percent)
    b. Quaternary ammonium germicidal detergent solution (2 percent aqueous solution)
    c. Iodophor germicidal detergent (500 ppm available iodine)
    d. Phenolic germicidal detergent solution (1 percent aqueous solution)
    e. Sodium hypochlorite (100 ppm available chlorine)
3. If the products are used in accordance with the manufacturer's instructions, they are safe to use.

B. Selection of germicidal handwashing agent (If the staff is conscientious about using the suggested handwashing techniques, germicidal solution is not necessary.)

1. Select a germicidal handwashing agent that is registered by the EPA for use as a germicidal handwashing agent.
2. Select a product that has one of the following active antimicrobial agents in it:
    a. Chlorhexidine
    b. Iodophors
    c. Alcohols
3. If these products are used in accordance with the manufacturer's instructions, they are safe to use.

School Nurse Handbook For The School Health Program, Texas Education Agency, Division of Curriculum Development, Comprehensive School Health Programs, 1989

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APPENDIX H

contents:
Universal Precautions: Improving the Response
Avoiding Microwave Burns

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UNIVERSAL PRECAUTIONS: IMPROVING THE RESPONSE

Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact, exposure to infected blood or blood components, and perinatally from mother to neonate.

In August of 1987, the Centers for Disease Control (CDC) published "Recommendations for Prevention of HIV Transmission in Health-Care Settings."[1] This document recommends that blood and body fluid precautions be consistently used for all patients regardless of their infection status. This extension of blood and body fluid precautions to all patients is referred to as "universal blood and body fluid precautions" or "universal precautions."

Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, hepatitis B virus (HBV), and other bloodborne pathogens. The CDC's 1988 publication "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health-Care Settings" lists the following body fluids as requiring universal precautions:[2]

1. Blood or other body fluids containing visible blood
2. Semen, vaginal secretions
3. Tissues
4. The following fluids

   a. cerebrospinal fluid
   b. synovial fluid
   c. pleural fluid
   d. peritoneal fluid
   e. pericardial fluid
   f. amniotic fluid

Conversely, universal precautions do not apply to the following unless they contain visible blood:[2]

1. Feces
2. Nasal secretions
3. Sputum
4. Sweat
5. Tears
6. Urine
7. Vomitus
8. Saliva

The increasing prevalence of HIV increases the risk that staff members will be exposed to blood from people infected with HIV, especially when universal precautions are not followed for all persons. In the Texas Department of Corrections (TDC), the entire staff, both health care and security, must consider all persons as potentially infected with HIV, HBV, or other bloodborne pathogens and adhere rigorously to infection control precautions for minimizing their risk of exposure to blood and body fluids as suggested by the CDC.

To meet this challenge, the TDC Health Services staff has developed the "Clean-up Kit" for cleaning and decontaminating spills of blood and other body fluids. The kit is packaged in a 12" x ~~15~~" clear ziplock bag and contains the following supplies:

1. Disposable gloves, vinyl, non-sterile (2 pair)
2. Clean rags (4)
3. Paper towels (15)
4. Red disposable bag marked "contaminated," 23" x 10" x 39", 1.5 mil (1)
5. Clear plastic bag, 23" x 10" x 39", 1.5 mil (1)
6. Bottle of hospital disinfectant, 16 oz (1)

The agency's Infection Control Committee chose to use a chemical germicide (Super Wex-cel*) in the Clean-up Kit instead of sodium hypochlorite (household bleach) for a number of reasons. 1) The chemical germicide is tuberculocidal and approved for use as a "Hospital disinfectant" when used at recommended dilutions to decontaminate spills of blood and other body fluids.[1] 2) It is non-iodine based and will not stain. 3) Sodium hypochlorite solution must be prepared daily,[1] which is not logistically feasible at TDC. 4) The hospital disinfectant has a longer shelf-life than the sodium hypochlorite and is more economical. 5) The disinfectant is listed in the TDC formulary and is available on contract.

A one-page sheet of instructions is also included in the kit and describes procedures for cleaning and decontaminating spills of blood and other body fluids as follows:

1. Obtain a Clean-up Kit.
2. Open the bag.
3. Remove supplies.
4. Open the large, clear plastic bag and the large, red plastic bag. Set them next to each other.
5. Put on one pair of gloves.
6. Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear bag.
7. Pour "hospital disinfectant" carefully onto spill area. Dispose of the empty bottle in the large, clear plastic bag.
8. Use rags to clean area. Place rags in the large, clear plastic bag.
9. Tie off the clear plastic bag and place inside the red trash bag for contaminated waste.
10. Remove gloves carefully and place in the red plastic bag.
11. Tie the red contaminated trash bag closed. Put on the second pair of gloves and dispose of red, contaminated trash bag properly in a cardboard receptacle for contaminated waste.
12. If your second pair of gloves becomes contaminated during transport of bag, they must be disposed of in the cardboard receptacle for contaminated waste. If they are not contaminated, they may be disposed of with the regular waste.
13. Wash your hands.
14. Pick up an additional "Clean-up Kit" from your medical department.

DO NOT PLACE LINEN OR NON-DISPOSABLE ARTICLES IN THE RED CONTAMINATED TRASH BAG.

Contaminated linens and non-disposable articles are decontaminated according to routine infection control policies.

These kits are cost-effective, disposable, readily distributed to areas where access to water may be limited, and easily assembled by the agency.

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*Trade name used for identification only.

Sample Letter

Dear Parent,

AIDS is a very serious health problem. Young people can get it through sex or using drugs. Beginning (date), your child will be taking a health class on AIDS.

You are invited to a meeting for parents. It will be held on (date) at (time) at (place). At this meeting, we will talk about AIDS and what your child will be learning at school. We will show you the lessons that will be taught. You can ask any questions that you have.

You can help at home by talking with your child about how to prevent AIDS. This meeting can help you learn to do that.

We hope that you can come.

Sincerely,

(Principal)

or

(Teacher)

EJEMPLO DE CARTA

Estimados Padres:

El SIDA es un problema de salúd muy serio. Los jovenes lo pueden contraer por medio del contacto sexual o por el uso de drogas. Empazando el dia ______________________________ su hijo estará en una clase de salúd en la cual se le enseñará acerca del SIDA.

Les invitamos a ustedes para que asistan a una reunión para padres que se llevará a cabo el día ____________________________ a las ______________________________ en _____________________. Durante esta junta, se conversará en la clase. Mostraremos a los padres las lecciones que se presentarán a los estudiantes durante la clase y tendrán a los estudiantes durante la clase y tendrán la oportunidad de hacer las preguntas que quieran.

Ustedes podrán ayudar en el hogar al conversar con su hijo acerca de como él puede prevenir el contagio por el SIDA. Esta junta les ayudará a ustedes saber como hacer esto. Esperamos que puedan asistir.

Sinceramente,

Sample Letter for Pre-Adolescent and Adolescent Special Education Students

Dear Parent,

We who teach in Special Education are concerned that our boys and girls have every opportunity to be safe and happy. We know you want that, too.

The reality of AIDS prompts us to make special efforts to help our students practice healthy behaviors and not practice unhealthy behaviors. This year we will teach these concepts at times throughout the year when the topics are brought up by students. We will also teach special lessons on the following:

- Normal changes as boys and girls move into adolescence
- Healthy behaviors/good decisions
- Body privacy/sources of help
- How people contract AIDS

We hope you will also continue to teach your son/daughter at home. I have attached a brochure from the Texas Department of Health for your use and information.

Please call me at ____________________ if you have questions or comments. A good time to call is ___________. Thank you for working with us in the best interest of your child.

Sincerely,

(Teacher)

EJEMPLO DE CARTA PARA ESTUDIANTES DE EDUCACION ESPECIAL DE EDADES PRE-ADOLESCENCIA Y ADOLESCENCIA

Estimados Padres:

A nosotros quienes trabajamos en Educación Especial, nos preocupa que los ninõs tengan toda oportunidad de estar seguros y contentos. Sabemos que ustedes también quieren ésto.

LA realidad del SIDA nos impulsa a hacer esfuerzos especiales para ayudar a nuestros estudiantes a tener practicas saludables y no practicas no saludables. Este año escolar les enseñaremos estos conceptos cuando sea iniciados por los estudiantes. Ademáa enseñaremos lecciones especiales en lo siguiente:

- Cambios normales de niños cuando se les aproxima la adolescencia
- La formación de buenos hábitos y buenas decisiones para la salud
- Cuidado personal y privado del cuerpo y recursos de ayuda
- Como se contrae el SIDA

Esperamos que ustedes continuen en la instrucción de su hijo en el hogar. Les incluyo un folleto del Departaments de Salubridad de Tejas para su información y su uso.

Si tienen alguna pregunta o algún comentario, por favor llameme al ______________________. La hora más conviniente para llamar es ______________________________. Les agradecemos poder trabajar juntos para el mejoramiento de su hijo.

Sinceramente,

____

Maestro

SAMPLE LETTER FOR JUNIOR HIGH/MIDDLE SCHOOL

Dear Parent(s),

In the schools, we are concerned that students remain healthy and are not exposed to HIV, the virus which causes AIDS. We know you, as the parent, are also concerned.

Health classes in Texas schools are required to study about HIV/AIDS and other communicable diseases. We will continue to do that. However, in order to reach *all* the students *now*, we will teach a series of lessons in English classes on ______(dates)______. Teachers will include ____________, ____________, and ____________ who have all received special training to teach this topic.

In those special sessions, we will stress the following concepts:

- Ways in which HIV is transmitted.
- Abstinence from sexual intercourse and from injectable drug use is the only sure way to avoid infection.
- HIV/AIDS is *not* spread through casual contact.
- Some people have been infected with HIV and do not know it.

You, as the parent, may also want to discuss these concepts with your son or daughter. Attached to this letter is a Texas Health Department brochure for your own use.

If after careful consideration, you decide to request that your student *not* participate, complete the form on this page and return it to school on or before ______(date)______. Your son or daughter will still be responsible for the HIV/AIDS facts on a written test.

A home-and-school partnership can assure a healthier, safer future for our students. Thank you for working with us. Please call ______(person)______ at ______(phone number)______ if you have questions or comments.

Sincerely,

(principal or superintendent)

- -

I do not want my son or daughter ______(student name)______ to participate in the special sessions on HIV/AIDS but I do understand that I have the responsibility to teach the facts to him or her.

______(parent signature)______

EJEMPLO DE CARTA PARA ESTUDIANTES EN LA ESCUELA JUNIOR HIGH O ESCUELA MEDIA

Estimados Padres:

A todos nos interesa mucho que los estudiantes se mantengan saludables y que no se expongan al HIV, el virus que causa el SIDA. Sabemos que ustedes, como padres de familia, también tienen el mismo interés.

En el estado de Texas se exige que durante las clases de salud se enseñe acerca del HIV/SIDA y de otras enfermedades communicables o contagiosas. Nosotros continuaremos haciendo ésto en nuestra escuela. Aun para asegurar que todos los estudiantes reciban esta información ahora, ofreceremos una serie de sesiones durante las clases de inglés los días ____________________. Los maestros que han recibido instrucción especial sobre este tema son ____________________, ____________________, y ____________________.

En esas secciones especiales, pondremos emfasis en los siguientes conceptos:

- En que manera se transmite el HIV.
- La únca manera de evitar le infección es la abstinencia de contaco sexual y del uso de drogas inyectadas.
- El HIV/SIDA no se transmite por medio del contacto casual.
- Alguna gente tiene la infección de HIV y no lo saben.

Está incluída una carta para su uso si ustedes, como los padres, pueden querer conversar sonsu hijo/a acerca de estos conceptos. Si por alguna razón ustedes prefieren que su hijo/a no participe en estas sesiones, favor de llenar la forma incluída en la parte baja de esta carta y devuélvala a la escuela antes de ____________________. Aunque no participe en las sesiones su hijo/a tendrá que tomar un examen sobre esta materia.

La union del hogar y la escuela asegura un futuro mas saludable para todos los estudiantes. Se les agradece su esfuerzo en esta labor. Si tienen alguna pregunta o algun comentario, por favor, llame a ____________________ al ____________________.

Sinceramente,

____

(Director o Superintendente)

- -

Prefiero que mi hijo o hija ____________________ no participe en estas sesiones sobre el SIDA y comprendo que yo tengo la responsabiliadad de ensenarle lo necesario sobre este tema.

____

(Firma del padre)

SAMPLE LETTER FOR JUNIOR HIGH/MIDDLE SCHOOL

Dear Parent,

In the schools, we are concerned that students remain healthy and are not exposed to HIV, the virus which causes AIDS. We know you, as the parent, are also concerned.

Health classes in Texas schools are required to study about HIV/AIDS and other communicable diseases. We will continue to do that. We will also present HIV prevention education in other subject areas such as __________, ________________, and ____________________. In these special lessons, we will also stress the following concepts:

- ways in which HIV affects the body's immune system
- ways in which HIV is transmitted
- abstinence from sexual intercourse and from injectable drug use are the only ways to avoid infection
- HIV/AIDS is *not* spread through casual contact.
- some people have been infected with HIV and do not know it
- healthy behaviors and wise decisions are necessary for good health

You, as the parent, may also want to discuss this issue with your son or daughter. Attached to this letter is a brochure from the Texas Department of Health. In addition, from time to time, we will be sending other information for you and your teenager to discuss.

A home-and-school partnership can assure a healthier, safer future for our students. Thank you for working with us. Please call ______(person)______ at ____(phone number)____ if you have questions or comments.

Sincerely,

(Principal)

EJEMPLO DE CARTA PARA ESTUDIANTES EN LA ESCUELA JUNIOR HIGH O ESCUELA MEDIA

Estimados Padres:

A todos nosotros en las escuelas nos interesa mucho que los estudiantes se mantegan saludables y que no sean expuestos al HIV, el virus que causa el SIDA. Sabemos que ustedes, como padres, tienen este mismo interés.

En el estado de Texas se exige que durante las clases de salud se les enseñe a los estudiantes acerca del HIV-SIDA y acerca de otras enfermedades comunicables o contagiosas. Nosotros, en nuestra escuela, continuaremos haciéndolo. También presentaremos educación preventiva acerca del HIV en otras clases como en ________________, ___________________________, y en _________________________. Se dará emfasis a los siguientes conceptos:

- Como el HIV afecta el sistema inmune del cuerpo
- Como se transmite el HIV
- Se evita el contagio solamente con la abstinencia de contacto sexual y del uso de drogas injectables
- El HIV-SIDA no se transmite por medio de contacto casual
- Alguna gente tiene la infección y no lo sabe
- Los buenos hábitos de higiene y las decisiones prudentes son necesarias para mantener la buena salud

Ustedes, como padres, también querrán conversar con su hijo acerca de este tema. IncluEido en esta carta encontrarEan un folleto que les darEa mEas informaciEon acerca de esta enfermedad. En el futuro enviaremos información adicional para que ustedes y sus hijos adolescentes puedan discutir.

La unión entre el hogar y la escuela puede asegurar un futuro más saludable y seguro para nuestros estudiantes. Les agradecemos que se hayan unido con nosotros en esta labor de tanta importancia. Si tienen alguna pregunta o algunos comentarios, por favor llamen a _____________________________ al ____________________________.

Muy sinceramente,

____

Director

- Having tiple sex partners, heterosexual or homosexual. The more sex partners you have the greater the risk.

How Can You Protect Yourself?

The only sure ways to protect yourself from HIV are:

1) to abstain from sexual intercourse

2) avoid sharing needles and syringes, and

3) have sex with only one faithful sex partner who you know is not infected with HIV.

You can lower your chances of getting HIV by reducing the number of partners you have sex with, and by using latex condoms along with a spermicide. Condoms should be used correctly. This includes using the condom during the entire act of sexual intercourse. Spermicides containing the chemical nonoxynol-9 may offer added safety.

Why Get Tested?

You need to know if you are infected so you won't infect others. Also, treatments are available which can delay the onset of AIDS. The sooner you know if you are infected, the better. Don't wait until you have symptoms of AIDS before seeking help.

HIV counseling and ting are available at many public health clinics at little or no cost. You don't have to use your real name and all information is confidential.
For Information about the location of HIV counseling and testing sites, call your local health department or the Texas Department of Health toll-free AIDSLINE, 1-800-299-AIDS.

For more information about HIV and AIDS call:

Texas AIDSLINE 1-800-299-AIDS

For Hearing Impaired 1-800-252-8012

National AIDS Hotline 1-800-342-AIDS

Drug Abuse Hotline 1-800-662-HELP

National AIDS Information Clearinghouse
1-800-458-5231

Texas Department of Health
1100 W. 49th St. Austin, TX 78756-3199

Stock No. 4-141 Rev. 7/91

BEST COPY AVAILABLE

WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

Texas
Department of
Health

WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

You may know about AIDS—but you may not know it is caused by a virus called HIV. Many people carry this virus but don't know it. But they can still pass it on to you through sex or sharing drug needles or syringes.

What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is the final stage of an infection caused by HIV (Human Immunodeficiency Virus). After becoming infected with HIV, a person may remain healthy for years. But eventually the immune system becomes so weak that diseases and infections begin to attack the body. As these conditions get worse, a person is diagnosed as having AIDS.

AIDS is usually fatal.

As of April 1991, more than 170,000 Americans have been diagnosed with AIDS. Health officials estimate 365,000 Americans will have AIDS by the end of 1992. Anyone, regardless of race or age, can become infected. HIV infection and AIDS are caused by what you do, not who you are.

Is There a Cure?

There is no cure for HIV infection or for AIDS. But treatments are available which can slow the progress of the disease. Medicines such as AZT have helped some people with HIV and AIDS live longer. Research is under way to find a cure and a vaccine. But for now the only "cure" is prevention. Everyone must take responsibility for protecting themselves.

How Do You Get Infected?

There are two main ways to get HIV:

1) having sex (oral, anal or vaginal) with someone who is infected with HIV.
2) sharing drug needles or syringes with an infected person.

Also, women infected with the virus may give it to their babies during pregnancy or delivery.

Some people got the virus from transfusions with infected blood between 1977 and 1985. Though there is still a slight risk of getting the virus through blood transfusions, all blood banks routinely test blood for HIV. The nation's blood supply is considered safe. Donating blood has never been a risk.

How You Won't Get Infected?

HIV is NOT spread in the air or through the casual contact of daily living. There is no evidence that the virus is spread by shaking hands, working together, attending school together, hugging, kissing, sitting next to someone, sneezing, coughing, or sharing utensils, telephones, dishes, or toilet seats. There also is no evidence that HIV is spread by mosquitoes or other insects.

Is There a Test for HIV?

There is a blood test to determine if you are infected with HIV. You should have this test if:

1) you have practiced any "risky" behaviors since 1977

2) you are a hemophiliac, or

3) you received a blood transfusion between 1977 and June 1985.

What are Risky Behaviors?

- Sharing needles or syringes
- Male-to-male sex
- Sex with a prostitute (male or female)
- Sex with anyone who has done any of these things.

Si usted cre[illegible]e necesita hacerse una prueba de sangre para ver si ha sido infectado por el virus, llame a su departamento de salud local o a su doctor para averiguar cómo y adónde hacerse la prueba. Todos los resultados de cualquier pruebas médicas son completamente confidenciales.

Se ofrecen pruebas anónimas a través de la mayoría de los departamentos de salud pública, clínicas de planeamiento familiar, centros de tratamiento para abuso de drogas, y en otros lugares de salud pública.

¿Existe una cura?

Actualmente no hay una cura para el SIDA. Las medicinas tales como AZT han prolongado la vida de algunas personas con SIDA. Se están haciendo investigaciones para encontrar una cura, pero por ahora, la manera más efectiva para prevenir el SIDA es evitar la infección con el VIH. Ahora hay tratamientos que se puede utilizar contra de los síntomos del SIDA. Entre más pronto que lo sepa si usted esta infectada, mejor.

¿Cómo puedo reducir mi riesgo de infección?

- Use condones (preservativos, hules)
- Evite contactos sexuales inseguros con personas que practican un comportamiento arriesgado.
- Reduzca el número de compañeros sexuales.
- No use drogas; no comparte las agujas. Este incluye agujas para inyectarse vitaminas o medicinas.

Manténgase informado acerca del SIDA. Aprende prácticas sexuales más seguras de su doctor o departamen[illegible] salud. Conozca la verdad acerca del SIDA. Comparte su conocimiento con otros. Con un conocimiento y comprensión acrecentado acerca del SIDA, usted puede parar los rumores y propagar la verdad.

PARA MAS INFORMACION
LLAME AL
TEXAS LINEA DE INFORMACION SOBRE SIDA
1-800-299-AIDS
PARA LOS PERSONAS SORDAS
1-800-252-8012
LINEA DE INFORMACION NACIONAL SOBRE SIDA
1-800-344-SIDA
LINEA DE INFORMACION SOBRE ABUSO DE LA DROGA
1-800-662-4357

Información acerca de los lugares para consultas y pruebas está disponible en su departamento de salud local o en el Departmento de Salud de Texas, 1100 W. 49th Street, Austin, TX 78756-3199, 1-800-299-AIDS.

Se permite la reproducción de este folleto.

"Texas Department of Health:
Your Health Is Our Department"

Stock No. 4-141A Rev. 9/91

Lo que todos deben saber acerca del . . .

AIDS/SIDA

Texas Department of Health

LO QUE TODOS DEBEN SABER ACERCA DEL AIDS/SIDA

No importa quien sea usted, usted probablemente ha oído acerca del SIDA (AIDS)..... pero quizás usted todavía sigue preguntándose lo que es, y si el SIDA le afectará a usted o a un conocido. Desde Julio de 1991, el SIDA ha afectado a más de 186,000 personas en los Estados Unidos. Los oficiales del Departamento de Salud estiman que para finales de 1992, 365,000 norte americanos tendrán el SIDA.

Esta enfermedad puede afectar a cualquier persona sin importar el color, la raza, o la edad. Lo que usted sabe acerca del SIDA es importante porque le ayudará a determinar la diferencia entre la verdad y lo que NO es cierto.

¿Qué es el SIDA?

El SIDA significa el Síndrome de Inmunodeficiencia Adquirida. Es una enfermedad infecciosa causada por el virus llamado Virus de Inmunodeficiencia Humana (VIH).

El VIH ataca el sistema inmune del cuerpo, incapacitándolo en rechazar otras enfermedades, las cuales a la vez, pueden ser fatales.

VIH puede vivir en el cuerpo humano por años antes de que los síntomas actuales aparezcan, así es que una persona puede no darse cuenta de que está infectada.

¿Cómo se contrae el VIH?

Hay dos maneras principales en que se puede contraer el VIH.

Primero, una persona puede infectarse teniendo sexo oral, anal, o vaginal con alguien que está infectado con el virus.

Segundo, una persona puede infectarse compartiendo agujas y jeringas para inyectarse con una persona infectada. Las mujeres infectadas con el virus pueden pasárselo a sus bebés durante el embarazo o en el parto. Algunas personas se infectaron con el virus con transfusiones de sangre infectada. Sin embargo, desde 1985 los bancos de sangre rutinariamente someten la sangre a una prueba para determinar si está contaminada.

El VIH NO se propaga por el aire o por el contacto casual que ocurre en la vida diaria.

No hay ninguna evidencia que el virus se propague dandole la mano a alguien, trabajando, asistendo a la escuela, abrazando, besando, sentándose junto a alguien, estornudando, tosiendo, o compartiendo utensilios, teléfonos, platos, o los asientos del excusado (inodoro).

Tampoco no hay ninguna evidencia de que se propague por mosquitos u otras picaduras de insectos.

¿Cuáles son los síntomas?

Los síntomas del SIDA son como los de cualquier enfermedad común, pero existe una diferencia importante. Con el SIDA, los síntomas toman más tiempo en desaparecer, o continúan apareciendo.

Los síntomas iniciales incluyen:

- Fiebre recurrente, incluyendo "sudores nocturnos."
- Pérdida de peso rápido que no se debe a ejercicios o dieta.
- Glándulas inflamadas en el cuello, debajo del brazo o en la ingle.
- Cansancio contínuo.
- Diarrea que dura más de 2-3 semanas.
- Placa gruesa y blanca o manchas en la lengua o garganta.
- Tos seca y falta de aliento.

Si usted tiene cualquiera de estos síntomas, vea al doctor.

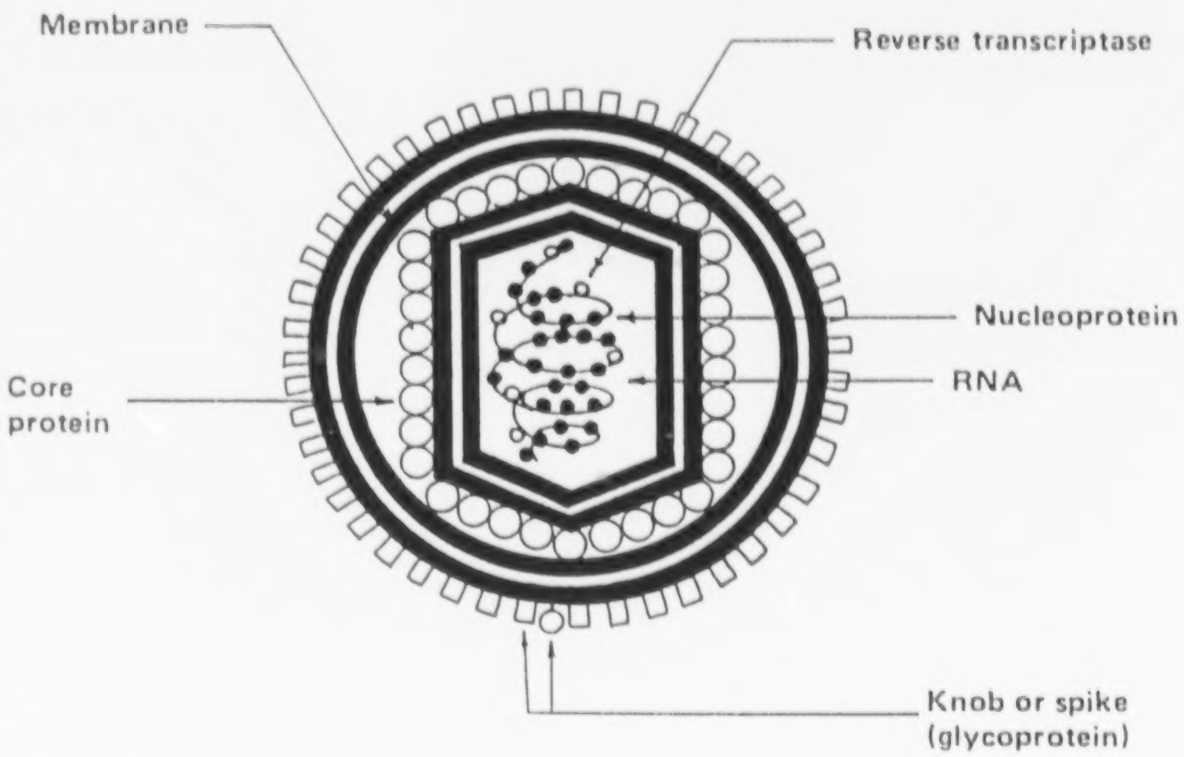
¿Debe usted recibir una prueba del VIH?

Es muy importante que todos comprendan que una persona puede estar infectada con el VIH sin mostrar ningunos de los síntomas.

Los oficiales del departamento de salud recomiendan que busque una consulta confidencial y sea examinado, si, desde 1977:

- Usted ha tenido alguna enfermedad contraída sexualmente.
- En el pasado o en el presente ha usado drogas intravenosas y ha compartido jeringas o agujas.
- Usted es un hombre que ha tenido sexo con otro hombre.
- Usted ha tenido sexo con alguien quien cobra, hombre o mujer.
- Usted ha tenido sexo con alguien que ha hecho cualquiera de estas cosas.

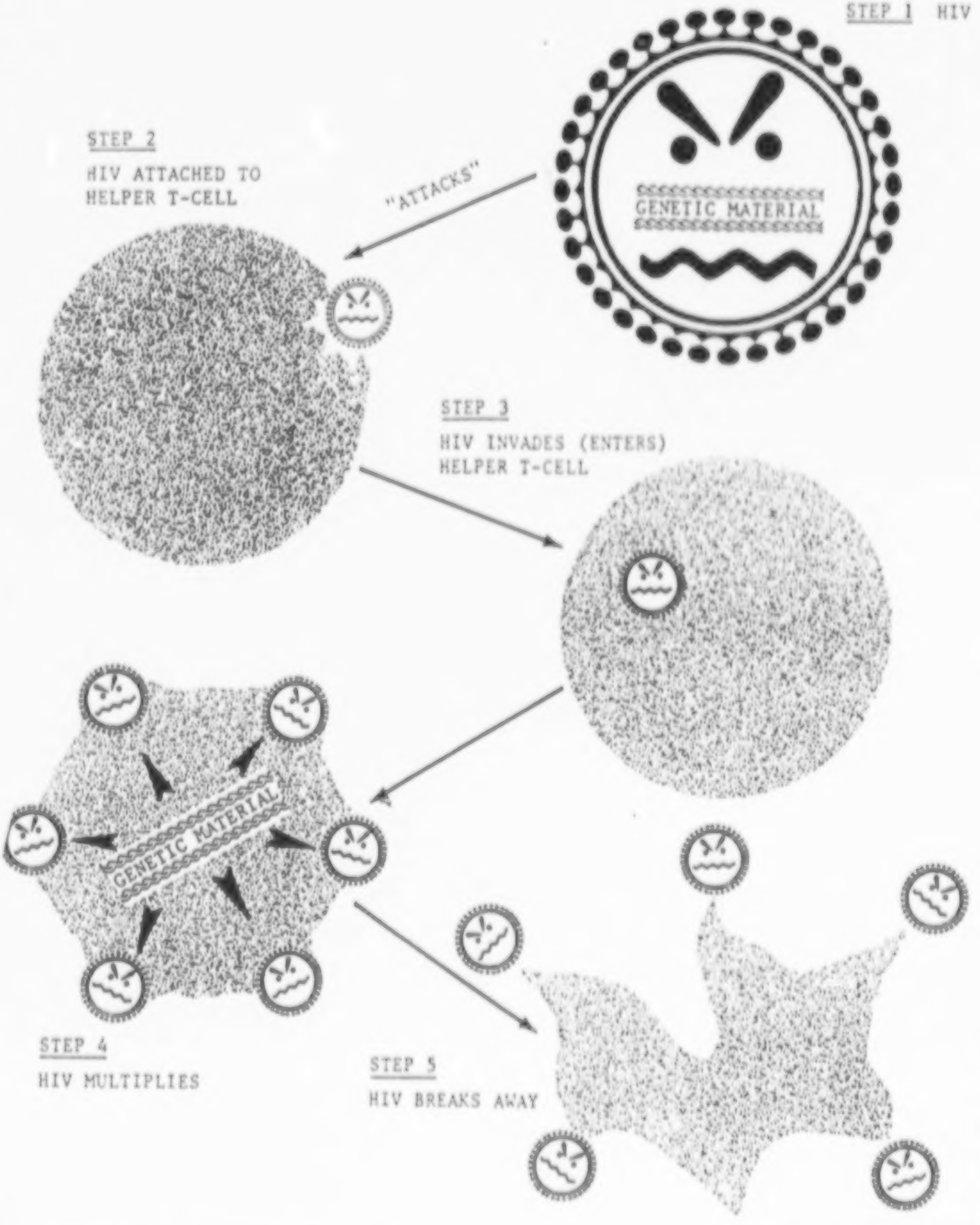
Es lo que usted hace, no lo que usted es, lo que puede hacer que usted se infecte.


Membrane
Reverse transcriptase
Nucleoprotein
RNA
Core protein
Knob or spike (glycoprotein)

Schematic view of a retrovirus.

TEXAS EDUCATION AGENCY
ESR III

HOW HIV DESTROYS THE IMMUNE SYSTEM

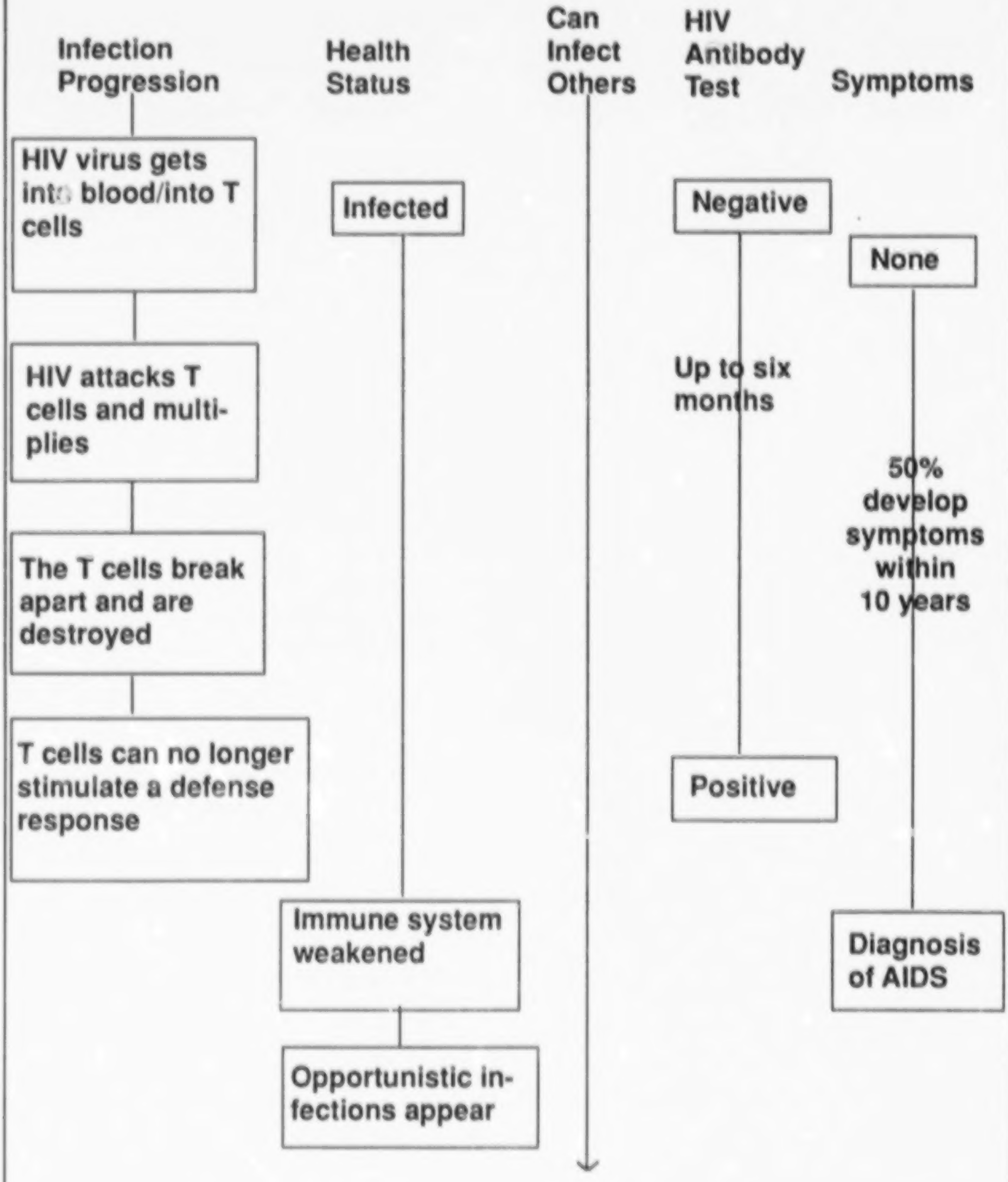

STEP 1 HIV
GENETIC MATERIAL
"ATTACKS"
STEP 2
HIV ATTACHED TO HELPER T-CELL
STEP 3
HIV INVADES (ENTERS) HELPER T-CELL
GENETIC MATERIAL
STEP 4
HIV MULTIPLIES
STEP 5
HIV BREAKS AWAY

Transparency 2

HIV and the Immune System

- The virus enters white blood cells.
- The virus attacks T cells and multiplies.
- The T cell no longer stimulates (cellular) defense response.
- The immune system weakens.
- The body becomes susceptible to opportunistic diseases.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.



Infection Progression

- HIV virus gets into blood/into T cells
- HIV attacks T cells and multiplies
- The T cells break apart and are destroyed
- T cells can no longer stimulate a defense response

Health Status

- Infected
- Immune system weakened
- Opportunistic infections appear

Can Infect Others

HIV Antibody Test

- Negative
- Up to six months
- Positive

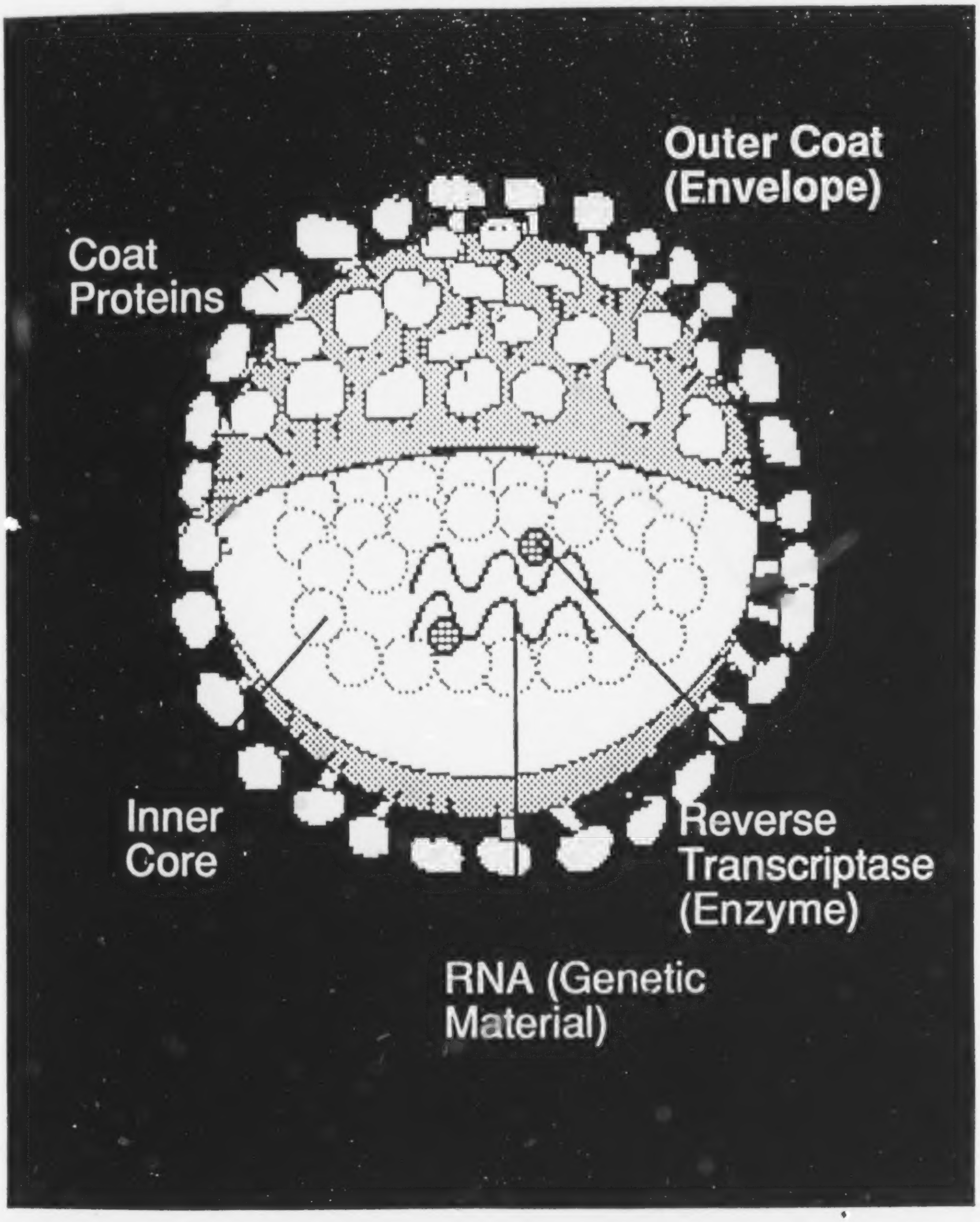
Symptoms

- None
- 50% develop symptoms within 10 years
- Diagnosis of AIDS

Sources: Smith, B.E. (1990). *HIV Education for Adult Literacy: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.
Voluntary HIV Testing and Counseling: Facts, Issues, and Answers (1990). Atlanta, GA: Centers for Disease Control

Human Immunodeficiency Virus—HIV

The Virus That Causes AIDS


Outer Coat (Envelope)
Coat Proteins
Inner Core
Reverse Transcriptase (Enzyme)
RNA (Genetic Material)

Size: 200 million would fit on the head of a pin.
Structure: A tangle of enzymes and genetic material wrapped in a cylinder of proteins, encased in a protein-studded ball

Transparency 5

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A virus:

- lives and reproduces only inside the living cell of another organism
- lives in a specific type of cell
- infects (gets into) the body in a specific way

HIV (human immune deficiency virus)

- lives and reproduces only in living human cells
- lives primarily in certain human white blood cells (T cells)
- HIV enters the blood stream to cause infection:
  - through breaks in the skin
  - through breaks in the lining of body cavities (vagina, anus, mouth)
  - through the placenta, vaginal fluid, or breastmilk (in the case of a child born to an infected mother)

Source: Aggleton, P., Homans, H., Mojsa J., Watson, S. and Watney, S. (1989). *AIDS: Scientific and Social Issues*. London, England: Churchill Livingstone.

Definition of AIDS

What is AIDS?

A = Acquired

- AIDS comes from an outside agent; it is not inherited.
- AIDS is caused by HIV (human immunodeficiency virus).

I = Immune

- Our immune system fights disease.
- HIV attacks the immune system.

D = Deficiency

- Deficiency means “a lack of.”
- HIV weakens the immune system so it cannot fight off diseases.

S = Syndrome

- A syndrome is a set of symptoms.
- The symptoms of AIDS may be different in different people.

When a person has AIDS...

- The immune system loses its ability to fight infection.
- Opportunistic infections and cancers then develop in the body.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.

How is HIV Transmitted?

- HIV can be transmitted through sexual contact just like other sexually transmitted diseases (STDs). When an infected person engages in unprotected anal, vaginal, or oral sex during which blood, semen, or vaginal secretions are exchanged, HIV can be transmitted.
- HIV can be transmitted through sharing unsterile needles, including needles used for drugs and tattoos.
- HIV can be transmitted from a pregnant woman to her unborn child or at birth or through breast-feeding.
- HIV can be transmitted through the transfusion of contaminated blood or blood products.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Three Main Ways HIV is Spread

- having sex with an infected person
- sharing unsterile needles and syringes
- giving birth. Babies can be born with the virus if the mother has been infected

Source: *What You Should Know About AIDS* (America Responds to AIDS). (1988). Washington, DC: U.S. Public Health Service.

How is HIV Not Transmitted?

- HIV is not transmitted through casual contacts such as:
    - touching, shaking hands, hugging, carrying an infected person
    - sneezing, coughing, social kissing
    - showers, bathtubs, hot tubs, toilet seats, swimming pools
    - door knobs, typewriters, telephones, pencils, chairs, benches
    - through the air or by insects

- HIV infection is not spread by the process of giving blood. New transfusion equipment is used for each donor.

- Assuming that there has been no infection through contaminated blood, contaminated needles, or previous sexual partners, HIV infection is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other.

- HIV is not spread by outercourse sexual activities (not anal, oral, or vaginal intercourse).

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Preventing HIV Infection

Modes of Transmission	Methods of Prevention
Sexual intercourse	Abstinence from sexual intercourse Mutually monogamous relationships Condom use (latex/nonoxynol-9)
Drug needles & syringes	Do not use needles (including those used for ear-piercing, tattooing, and steroids). Do not share needles. Rinse needles (twice with chlorine bleach and twice with water).
Mother to infant	Seek counseling and testing before getting pregnant.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

TESTING

Confidential versus Anonymous

Confidential Testing:

- Results are linked to your identity.
- Results are recorded in your medical files.
- State laws vary according to who can know your results and the conditions for revealing that information.

Anonymous Testing:

- Neither your name nor any identifying information is recorded.
- Results are not entered in your medical files.
- Only you can find out your test results.

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington DC: American Red Cross.

TESTING

Negative versus Positive

A negative antibody test means:

- you are not infected with HIV

  or

- you have recently been infected with HIV and can infect others, but the test did not yet detect antibodies

Consider being retested in six months because of the window period.

A positive antibody test means:

- you are infected with HIV
- you will always have HIV
- you can infect others

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington, DC: American Red Cross.

Teacher Resources

The following list of resources has been approved by the HIV Education Program Review Panel. However, approval by the panel is a measure intended to monitor accuracy and consistency with federal regulations and is not intended to replace local review. Local school districts have wide discretion in selecting resources to meet special needs and circumstances. This latitude is especially important when selecting HIV materials as some approved material may not be suitable for some younger students and adolescents.

ARTICLES

1991

"Meeting the Challenge of HIV Infection in Family Foster Care"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC 20001
202-638-2952

1988

"Do Alternate Modes for Transmission of Human Immunodeficiency Virus Exist?"
Lifson, Alan R., MPH
Journal of the American Medical Association
535 North Dearborn Street, Chicago, IL 60610
312-645-5000

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS"
Morbidity and Mortality Weekly Report 37:S-2
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Report of the CWLA Task Force on Children and HIV Infection"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC 20001
202-638-2952

"Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings"
Morbidity and Mortality Weekly Report 37:24
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

BOOKS

1992

HIV Prevention for Teachers of Elementary Education and Middle School Grades
Association for the Advancement of Health Education
1900 Association Drive, Reston, VA 22091
703-476-3437 or FAX 476-9527

1991

A Friend Has AIDS
ISBN No. 0-9625381-2-0; Self-published
Winegate, Rosalee
2105 Teakwood Drive, Austin, TX 78758
512-454-7420

AIDS: Deadly Threat Revised and Expanded
Silverstein, Alvin and Virginia
Enslow Publishers, Inc.
Bloy Street and Ramsey Avenue, Box 777
Hillside, NJ 07205
908-964-4116
Community service professionals; General public/
Consumers

1990

AIDS: 100 Common Questions & Answers now called ***Common Questions About AIDS and HIV Infection***
Special Office of AIDS Prevention
Michigan Department of Public Health
3423 N. Logan/MLK Blvd., P.O. Box 30195
Lansing, MI 48909
517-335-8371

Courage to Care (Responding to the Crisis of Children with AIDS)
Child Welfare League of America
440 First Street NW, Suite 310
Washington, DC 2001
202-638-2952

Guidelines for HIV and AIDS Student Support Services
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116
617-357-8507

Guidelines on Developmental Services for Children and Adults with HIV Infection
Crocker, Allen C. and Cohen, Herbert J.
American Association of University Affiliated Programs for Persons with Developmental Disabilities

Risky Times, How to be AIDS-Smart and Stay Healthy: A Guide for Teenagers
Workman Publishing
708 Broadway, New York, NY 10003
1-800-722-7202

Schools Face the Challenge of AIDS
ISBN No. 89292-094-7
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276; 617-969-7100

Training Educators in HIV Prevention
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

Adolescents, AIDS and HIV, A Community-Wide Responsibility
Center for Population Options
1025 Vermont Avenue, NW Suite 210, Washington,
DC 2005
202-347-5700

The AIDS Booklet
Cox, Frank D.
ISBN No. 0-697-10738-8
William C. Brown Publishers
2460 Kerper Blvd., P.O. Box 539
Dubuque, IA 52004-0539

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

AIDS Sexual Behavior and Intravenous Drug Use
National Research Council; DC Committee on AIDS Research and the Behavioral Social and Statistical Sciences
National Academy Press
P.O. Box 285, Washington, DC 20055
202-334-3313 or 1-800-624-6242

Answers to Teenagers' Questions About AIDS: A Teacher's Guide
ISBN No. 0-88314-406-9
Texas Department of Health, The Public Health Promotion Division
1100 W. 49th Street, Austin, TX 78756
512-458-7405

Children and the AIDS Virus
Hausherr, Rosemarie
ISBN No. 0-89919-834--1; 1-11570
Houghton-Mifflin Co.
Southwestern Regional Office, 13400 Midway Rd.
Dallas, TX 75244-6165
1-800-733-2828

Leadership for AIDS Education
National School Boards Association
1680 Duke Street, Alexandria, VA 22314
703-838-6711

Learning About AIDS
Silverstein, Alvin and Virginia
ISBN No. 0-89490-176-1
Enslow Publishers, Inc.
Bloy Street & Ramsey Avenue, Hillside, NJ 07205
908-964-4116

Learning By Heart: AIDS and School Children in America's Communities
Kipp, David
Rutgers University Press Distribution Center
P.O. Box 4869, Baltimore, MD 21211
301-338-6947
Community service professionals; Educators; General public/Consumers; Administrators

***Looking Into AIDS*, Instructor's Guide**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

***Looking Into AIDS*, Student Book**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

Someone at School Has AIDS
National Association of State Boards of Education
1012 Cameron Street, Alexandria VA 22314
703-684-4000
Community service professionals; Educators; Administrators; Parents; Schools; Health service providers

Teacher's Guide for Understanding and Preventing AIDS
Colman, Warren
ISBN No. 00593-6
Children's Press
5440 North Cumberland Avenue, Chicago, IL 60656
312-693-0800
Community service professionals; Educators; Adolescents; Children; Students/young adults; Elementary schools; Secondary schools

Up Front About AIDS
Office of the Superintendent of Public Instruction
Rizzoli International Pub. Inc.
300 Park Avenue South, New York, NY 10010
1-800-982-2300; 212-982-2300

1988

AIDS: A Catholic Educational Approach, Teacher's Guide
ISBN No. 1-55833-019-4 (revision due 1/92)
National Catholic Educational Association
Suite 100, 1077 30th Street NW
Washington, DC 20007-3852
202-337-6232
Service professionals, Educators

AIDS: A Guide For Survival
Harris County Medical Society and Houston Academy of Medicine
ISBN No. 1-55833-016-X
Houston Academy of Medicine
400 Jesse H. Jones Library Bldg., Texas Medical Center, Houston, TX 77030
713-790-1838
Community service professionals; General public/Consumers

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

Dealing With AIDS: Breaking the Chain of Infection
ISBN No. 0-87752-126-X
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209
703-528-0700
Community service professionals; Educators

Does AIDS Hurt? Educating Young Children About AIDS
Quackenbush, Marcia and Villarreal, Sylvia
ISBN No. 0-87752-126-X
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators; Parents

Effective AIDS Education: A Policymaker's Guide
National Association of School Boards of Education
1012 Cameron Street, Alexandria, VA 22314
703-684-4000
Health professionals; Social workers; Nurses; Community service professionals; Educators, Administrators; Human service providers; Schools

Into Adolescence: Learning About AIDS
Post, J. and McPherson, C.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators

The Kids on the Block. Friends for Life
Aiello, Barbara and Shulman, Jeffrey
Twenty-first Century Books
38 South Market Street, Frederick, MD 21701
301-698-0210

Report of the CWLA Task Force on Children and HIV Infection, Initial Guidelines
ISBN No. 0-87868-339-9
Child Welfare League of America
440 First Street, NW, Suite 310
Washington, DC 20001
202-638-2952

Steps to Help Your School Set Up An AIDS Education Program
National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
617-357-8507

Terry and Friends Present AIDS Education, Grades K-3, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Terry and Friends Present AIDS Education, Grades 4-5-6, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Understanding AIDS
US Department of Health and Human Services
Publication No. (CDC) HH5-88-8407
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

Understanding the Immune System
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1987

Terry the Friendly Dragon Helps You to be AIDS Smart, A Study Guide and Activity Book for the Grade School Child
Creative Graphics
127 South Main, Mount Vernon, OH 43050
614-392-4327
General public/Consumers; Community service professionals; Students

Why School Health
ISBN No. 0-87652-121-9
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209-9988
703-875-0730

Unknown date

A Comprehensive Health and Substance Abuse Prevention Program Series, Grades Kindergarten through Six
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

The AIDS Challenge, Prevention Education for Young People
Quackenbush, Marcia and Nelson, Mary, with Kay Clark
ISBN No. 0-697-10738-8
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

AIDS We Care
B'nai B'rith Youth Organization
1640 Rhode Island Avenue NW
Washington, DC 20036
202-857-6633

HIV/AIDS Instructional Guide for Teachers Grades 4 through 5
ISBN No. 0-87652-121-9
New Jersey State Department of Education
Trenton, NJ

Responding to HIV and AIDS
ISBN No. 0-87868-339-9
The Health Information Network
100 Colony Square, Atlanta, GA 30361
404-875-8819

Brochures

1991

"AIDS and the Workplace"
Stock No. 4-148
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

"Condoms and Sexually Transmitted Diseases"
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

1989

"AIDS and the Deaf"
The United Way
West Hollywood

"AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1988

"Children, Parents, and AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

"Education for Life: AIDS Policies and Curriculum"
Richardson ISD in cooperation with the RISD Council of PTAs
ISBN No. 0-86536-109-6
Richardson ISD
400 South Greenville, Richardson, TX 75080
214-238-8111

How to Talk to Your Teens and Children About AIDS"
National PTA
700 N. Rush Street Chicago, IL 606611-2571
312-787-0977
General public/Consumers; Parents; Women

"Medidas Para Ayudar A Su Escuela A Establecer Un Programa De Educacion Sobre El Sid"
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116-4610
617-357-8507
Community service professionals; Educators; Hispanics; Parents

"School Systems and AIDS: Information for Teachers and School Officials"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1987

"AIDS and the IV Drug User"
Stock No. 4-145
Texas Department of Health
1100 West 49th Street, Austin, TX 78756
512-458-7405

"AIDS Lifeline"
San Francisco AIDS Foundation
333 Valencia Street, P.O. Box 6182, San Francisco, CA 94101-6182
415-861-3397

"Surgeon General's Report on Acquired Immune Deficiency Syndrome"
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

CURRICULUM

1991

About Blood and AIDS, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

All About AIDS
Yarber, William L.
ISBN No. 0-88314-410-7
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Get Well Soon, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Getting Sick, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Things You Might Catch, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

1990

The ABCs of AIDS and STDs
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

AIDS: A Catholic Educational Approach, Leader's Guide
ISBN No. 1-55833-019-4
National Catholic Educational Association
1077 30th Street, NW, Washington, DC 20007
202-337-6232

AIDS: HIV Prevention Education for Puberty Age Youth
Montfort, Sue
ISBN No. 1-55833-019-4
Planned Parenthood of Greater Northern New Jersey, Inc.
Morristown, NJ

Integrating AIDS Into Teenage Health Teaching Modules
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7100

Know AIDS Prevention Education
Rizzoli International Publications, Inc.
300 Park Avenue South, New York, NY 10010
1-800-433-1238 or 212-982-2300

Training Educators in HIV Prevention, An Inservice Mannual
Collins, Janet L. and Britton, Patti O.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407

1989

AIDS Curriculum Grades K-6
Health Skills for Life
Eugene, OR

Building Blocks: An AIDS Curriculum Guide for Early Elementary Educators
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1988

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 7-8
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 9-10
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 11-12
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Upper Elementary Level Grades 4-6
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Middle and Junior High School Grades 6-9
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, High School Grades 9-12
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Preventing AIDS, A Curriculum for Middle School, Junior and Senior High School Students
Education Development Center, Inc.
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7000
Community service professionals; Educators

What Kids Need to Know About AIDS, Resources and Life Skills Exercises for Educators
Planned Parenthood of North East Pennsylvania
112 North 13th Street, Allentown, PA 18102
215-439-8008
Community service professionals; Educators

1987

AIDS Education Project for Sheltered and Incarcerated Youth
Michale Hutton, Youth and Family Assistance
609 Price Avenue, Suite 202
Redwood City, CA 94063
415-366-8408
Community service professionals; Educators; General public/Consumers; Prisoners; Students

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students 9-10
Michigan Department of Public Health, Special Office on AIDS Prevention
3500 North Logan, P.O. Box 30195
Lancing, MI 48912
517-335-8371
Community service professionals; Educators

Your Choice About AIDS: A Secondary School Curriculum
Colorado Department of Health, STD/AIDS Control Section
4210 East 11th Avenue, Denver, CO 80220
303-331-8320
Community service professionals; Educators; Adolescents; Students/Young Adults; Schools; Secondary schools

1986

Growing Healthy, A Comprehensive School Health Education Curriculum for Kindergarten Through Grade 7
National Center for Health Education
New York, NY

Sex Respect: The Option of True Sexual Freedom
Mast, Coleen K.
Project Respect
Box 97, Golf, IL 60029

1982-83

Teenage Health Teaching Modules: Communicating in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

Teenage Health Teaching Modules: Promoting Health in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

VIDEO

1990

"AIDS: Allie's Story
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467
Junior High School; Adults

"Beginnings: You Won't Get AIDS
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Health: AIDS"
ABC News interactive

"If AIDS Is So Bad, How Come We Don't Know Anybody Who Has It!"
Rites of Passage/ACA
Austin, TX

"Just A Regular Kid: An AIDS Story"
The Media Guild
San Diego, CA

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part I"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part III"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part IV"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

"AIDS in Rural America"
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125
Senior High School; Adults

"AIDS: Let"s Talk"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"AIDS Prevention: Choice Not Chance"
Educational Activities, Inc.
P.O. Box 392, Freeport, NY 11520
1-800-645-3739

"Camp Itsamongus"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Facts About AIDS"
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"If You Want to Dance"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Our Immune System and AIDS" (Level Two)
Eaton Press
New York

"Understanding AIDS (The Story of Our Immune System and AIDS)" (Level One)
Eaton Press
New York

1988

"A Is for AIDS"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363
Elementary; Junior High School

"AIDS Alert for Youth"
Creative Media Group, Inc.
226 East High Street, Charlottesville, VA 22901
Health professionals; Educators; Students; Blacks

"AIDS: Everything You Should Know"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467
General public/Consumers; Students

"AIDS in the Classroom"
American Federation of Teachers
Washington

"AIDS In Your School"
Altschul Group Corporation
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"AIDS What Every Teacher Must Know"
Instructional Media
389 Newtown Turnpike, Weston, CT 06883
1-800-243-5020
Community service professionals; Educators

"AIDS: What Everyone Needs to Know"
(updated 1990)
Churchill Media
12210 Nebraska Avenue, Los Angeles, CA 90025
1-800-334-7830

"Don't Forget Sherrie"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public/Consumers; Students

"Don't Get It! Teenagers and AIDS"
Human Relations Media, Inc.
175 Thompkins Avenue, Pleasantville, NY 10570
1-800-431-2050

"Not Work The Risk"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Saying No...A Few Words To Young Adults About Sex"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Taking A Stand"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

1987

"A Letter From Brian"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public; Consumers; Students

"AIDS: Everything You and Your Family Needs to Know"
HBO
1011 Avenue of the Americas, New York, NY 10036
212-512-1000

"AIDS In Your School"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363

"AIDS: Taking Action
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Answers About AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Learn For Your Life"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"The Subject Is AIDS"
ODN Productions
Select Media Company
74 Varick Street #305, New York, NY 10013
1-800-526-4773
Junior High; Adult

1986

"Beyond Fear"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

Unknown date

"AIDS: On the Front Line"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS: Protect Yourself"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS-The Reality In The Dream"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"I Have AIDS: A Teenager's Story"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Rappin' About AIDS"
Kirsten Hinsdale, Department of Health and Hospitals
City and County of Denver
777 Bannock Street, Denver, CO 80204-4507
303-893-6000
Community service professionals; Educators; General public/Consumers

"Refusal Skills"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Sensitive Subjects"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Teacher Training Tape"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Thumbs Up For Kids"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"What Ramon Did"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Women & AIDS"
Gay Men's Health Crisis
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-408

"You Would If You Loved Me"
No. 60114-1
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"You Would If You Loved Me"
No. 60114-2
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

National and State Resources
For HIV and AIDS Prevention Education

NATIONAL RESOURCES

American Alliance for Health, Physical Education, Recreation and Dance
Association for the Advancement of Health Education (AAHE)
1900 Association Drive
Reston, VA 22091
703-476-3437

American Association of School Administrators
Office of Minority Affairs - AIDS
1801 N. Moore Street
Arlington, VA 22209
703-528-0700

American College Health Association
1300 Piccard Drive, Suite 200
Rockville, MD 20850
301-963-1100

American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001
202-879-4400

American Institute for Teen AIDS Prevention
P.O. Box 136116
Fort Worth, TX 76136
817-237-0230

American Red Cross
Office of HIV/AIDS Education
1709 New York Avenue, NW, Suite 208
Washington, DC 20006
202-434-4077

American School Health Association
7263 State Route 43
P.O. Box 708
Kent, OH 44240
919-361-4622

Center for Population Options
1012 14th Street, NW, Suite 1200
Washington, DC 20005
202-347-5700

Centers for Disease Control
Division of Adolescent and School Health
1600 Clifton Road
Atlanta, GA 30333
404-639-0975

Council of Chief State School Officers
Resource Center on Educational Equality
400 North Capitol Street, NW Suite 379
Washington, DC 20001
202-393-8161

National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20850
800-458-5231

National AIDS Hotline
800-342-AIDS (English)
800-344-SIDA (Spanish)
800-243-7889 (TTY/TTD)

National Association for Equal Opportunity in Higher Education (NAFEO)
400 12th Street, NE
Washington, DC 20002
202-543-9111

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
703-684-4000

National Center for Health Education
30 East 29th Street
New York, NY 10016
212-689-1886

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116
617-357-8507

National Coalition of Hispanic Health and Human Service Organizations (COSSHMO)
1030 15th Street NW, Suite 1053
Washington, DC 20005
202-371-2100

National Education Association
1590 Adamson Parkway, Suite 260
Morrow, GA 30260
404-960-1325

National Gay and Lesbian Task Force
1517 U Street, NW
Washington, DC 20009
202-322-6483

National Minority AIDS Council
300 Eye Street, NW, Suite 400
Washington, DC 20002
202-544-1076

National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW, Suite 330
Washington, DC 20005
202-682-4114

National PTA
700 North Rush Street
Chicago, IL 60611
312-787-0977

National Rural and Small School Consortium
Western Washington University
Miller Hall 359
Bellingham, WA 98225
206-676-3576

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
703-838-6722

National School Health Education Coalition
P.O. Box 515664
Dallas, TX 75251
404-329-7791

Sex Education and Information Council of the U.S. (SIECUS)
130 West 42nd Street, 25th Floor
New York, NY 10036
212-819-9770

TEXAS RESOURCES

Senate Committee on Health and Human Services
P.O. Box 12068
Sam Houston Building
Austin, TX 78711
512-463-0360

State AIDS Coordinator
Texas Department of Health
Bureau of AIDS
1100 West 49th Street
Austin, TX 78756-3199
512-458-7304

Texas Commission on Alcohol and Drug Abuse
1705 Guadalupe
Austin, TX 78701
512-463-5510

Texas Department of Health
1100 W. 49th Street
Austin, TX 78756

Chronically Ill & Disabled Children Services	512-458-7355
Film Library	512-458-7260
HIV/AIDS Division	512-458-7209
Prevention	512-458-7504
Surveillance	512-458-7204
Services	512-458-7207
HIV Funding Information Center	512-458-7684
Public Health Promotion	512-458-7405
Texas AIDSLINE	800-299-AIDS
Texas AIDSLINE TDD (Hearing Impaired)	800-252-8012
Texas HIV Medication Program	800-255-1090

Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701-1494
512-463-9734

Texas Organizations

AIDS Consortium of Texas	512-245-2561
AIDS Helpline (Health Professionals)	800-548-4659
AIDS Legal Assistance Line	800-828-6417
Alliance Health, Inc.	800-749-2255
American Cancer Society	800-ACS-2345
American Lung Association of Texas	800-252-5864
American Red Cross (Texas HIV Network)	512-928-4271
Coalition of Texans with Disabilities	512-478-3366
Life Benefits Incorporation	800-969-6000
Relay Texas (TDD)	800-735-2989
Relay Texas (Voice)	800-735-2988

Social Security Administration	800-772-1213
TDMHMR AIDS/HIV Prevention	512-323-3190
Texas AIDS Network	512-447-8887
Texas Commission on Alcohol and Drug Abuse	512-463-5510
Texas Dept. of Human Services Medicaid Hotline	800-252-8263
Texas Education Agency (HIV Prevention Program)	512-463-9501
Texas Human Rights Foundation	512-467-6725
Texas Rehabilitation Commission (Disability)	512-445-8207
Texas Rehabilitation Commission (Disability)	800-252-9627

U.S. Department of Health and Human Service
AIDS Coordinator
1200 Main Tower
Dallas, TX 75202
214-767-3916

ADDITIONAL RESOURCES

The following articles provide supplemental information:

Centers for Disease Control. "Public Health Service Statement on Management of Occupational Exposure to Human Immunodeficiency Virus, Including Considerations Regarding Zidovudine Postexposure Use." *Morbidity and Mortality Weekly*, January 26, 1990, Vol. 29, No. RR-1.

Centers for Disease Control. "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers." *Morbidity and Mortality Weekly*, June 23, 1989, Vol. 38, No. S-6.

Centers for Disease Control. "Update: Universal Precautions for Prevention of Transmission of HIV, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings." *Morbidity and Mortality Weekly Report*, June 24, 1988, Vol. 37, No. 24, pp. 377-382, 387-388.

"Update: Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus Infection Among Health Care Workers." *Morbidity and Mortality Weekly Report*, April 22, 1988, Vol. 37, No. 15.

Joint Advisory Notice: Department of Labor/Department of Health and Human Services; HBV/HIV; Notice. *Federal Register*, October 30, 1987, Vol. 52, No. 210.

Centers for Disease Control. "Recommendations for Prevention of HIV Transmission in Health-Care Settings." *Morbidity and Mortality Weekly Report*, August 21, 1987, Vol. 36, No. 28.

Jeffrey Laurence, MD. "AIDS Therapeutics: Antivirals and Disinfectants." *Infections in Medicine*, March 1987, pages 90-95, 108-109, 116.

Centers for Disease Control. "Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS." *Morbidity and Mortality Weekly Report*, 1987, Vol. 36, pp. 509-515.

Committee on Infectious Diseases. "Health Guidelines for the Attendance in Day-Care and Foster Care Settings of Children Infected with Human Immunodeficiency Virus." *Pediatrics*, 1987, Vol. 79, No. 3, pp. 466-471.

For information on HIV/AIDS, Infectious Waste, and Universal Precautions, call the Indiana AIDS Hotline: 800-848-2437.

ESR III CURRICULUM IMPLEMENTATION SURVEY

Each of the following sections contain information about teacher's usage of ESR III. Your comments will be appreciated. They will be invaluable in helping us to improve the curriculum.

INSTRUCTIONS: Please circle the appropriate response or follow instructions. Send the completed form to HIV Prevention Program Office, Texas Education Agency, 1701 North Congress Avenue, Austin, Texas 78701-1494 by June 1, 1993.

A. Enter your County-District-Campus Number:
(Place nine digit number in space provided) —,—,—

B.	How many years have you taught?	0-3	3-5	5-8	8-12	12+
	How many years have you taught in this district?	0-3	3-5	5-8	8-12	12+
	How many years have you taught health?	0-3	3-5	5-8	8-12	12+
C.	What is the grade span in which you teach?	Pk-6		6-8		9-12

D. What is the primary subject area that you teach?

- All areas - Elementary
- Science
- Fine Arts
- Mathematics
- Health
- Language Arts
- Social Studies
- Vocational Education

E. Which term was the ESR III curriculum used? Fall '92 Spring '93

F. Which lesson page(s) did you use? (Identify the lessons by page number(s) in space provided) ______________________________

G. How much time did you spend teaching/preparing each lesson? Select the two lesson plans you liked best by page number and furnish the following information.

LESSON 1: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

LESSON 2: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

H. Overall, how easy or difficult was it to use this curriculum?

Very Easy	Moderately Easy	Slightly Difficult	Very Difficult
1	2	3	4

I. How could the ESR III curriculum be made more useful?

J. Please indicate the page number(s) of the introductory material and/or the appendix section of ESR III that was most useful.

1. Introductory material: Page number(s) ________________________________

2. Appendices: Section(s) ________________________________

K. How was the ESR III curriculum made available lto you?

____

____

L. At your school, how do you think teacher usage of ESR III could be improved?

____

____

____

____

M. How easy or difficult was it to get this curriculum accepted by the following groups of people?

	Moderately Easy	Slightly Difficult	Very Difficult
Other teachers	1	2	3
Parents	1	2	3
Administrators	1	2	3
General Public	1	2	3

Comments: ________________________________

____

____

____

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